Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088
RECEIVED

JUN 1 8 1993

| WELL API NO. 30 015 27097 |
| 5. Indicate Type of Lease STATE [X] FEE [ ] |
| 6. State Oil & Gas Lease No. L-6442 |

SUNDRY NOTICES AND REPORTS ON WELLS, O. D.
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

Poker Lake 32 State

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

2. Name of Operator
Enron Oil & Gas Company

8. Well No.
8

3. Address of Operator
P. O. Box 2267, Midland, Texas 79702

9. Pool name or Wildcat
West Sand Dunes Delaware/Cherry Canyon

4. Well Location
Unit Letter __E__ : __1980__ Feet From The __north__ Line and __660__ Feet From The __west__ Line

Section __32__   Township __23S__   Range __31E__   NMPM   __Eddy__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3349' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: Set Pumping Unit [X]		OTHER: _____ [ ]	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Set American 456-D Pumping Unit (2-1/2" x 1-3/4" x 22')

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _[signature: Betty Gildon]_   TITLE Regulatory Analyst   DATE 6/14/93

TYPE OR PRINT NAME   Betty Gildon

915/686-3714
TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____   TITLE _____   DATE

JUN 2 8 1993

CONDITIONS OF APPROVAL, IF ANY: