

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
WELL API NO.

30 015 27170

NOV 16 1992

Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-6442

SUNDRY NOTICES AND REPORTS ON WELLS

(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 ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Enron Oil & Gas Company

8. Well No.

4

3. Address of Operator

P. O. Box 2267, Midland, Texas 79702

9. Pool name or Wildcat

Wildcat Delaware

4. Well Location

Unit Letter A : 560 Feet From The north Line and 660 Feet From The east Line

Section 32

Township 23S

Range 31E

NMPM

Eddy

County

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

3361' GR

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

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.

11-10-92 - Spud 8:30 pm

11-11-92 - 13-3/8" 48# H-40 ST&C casing set at 720'

Cemented with 350 sacks of Halliburton Light "Prem Plus" +
1/2#/sx Flocele, 12.7 ppg, 1.89 cuft/sx; pumped
250 sacks Halliburton's Prem Plus cement + 2%
CaCl, 14.8 ppg, 1.32 cuft/sx. Circulated 97 sacks.

1/2 hour pressure tested to 900 psi. WOC - 18 hours.

Surface casing job witnessed by Mike Stubblefield (NMOCD)

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

SIGNATURE

Betty Gildon

TITLE

Regulatory Analyst

DATE

11/13/92

TYPE OR PRINT NAME

Betty Gildon

915/686-3714
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

NOV 16 1992

CONDITIONS OF APPROVAL, IF ANY: