

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

DEC 10 1992

O. C. D.

WELL API NO.

30 015 27171

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

L-6442

7. Lease Name or Unit Agreement Name

Poker Lake 32 State

8. Well No.

5

9. Pool name or Wildcat

Wildcat Delaware

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Enron Oil & Gas Company

3. Address of Operator

P. O. Box 2267, Midland, Texas 79702

4. Well Location

Unit Letter C : 660 Feet From The north Line and 1980 Feet From The west Line

Section 32

Township 23S

Range 31E

NMPM Eddy

County

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

3351' 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: 12/2/92

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.

12-8-92- 5-1/2" casing set at 8050'.

Cemented with 600 sacks Halliburton Lite Cement + 6#/sx salt + 5#/sx Gilsonite,
12.4 ppg, 1.97 cuft/sx; followed with 175 sacks Halliburton Prem Plus cement,
+ 8#/sx Silicate Lite + 3% Salt + .6 of 1% Halad-322, 13.6 ppg, 1.80 cuft/sx.

30 minutes pressure tested to 1250 psi, OK. WOC 24 hours.

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

12/9/92

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

DEC 14 1992

CONDITIONS OF APPROVAL, IF ANY: