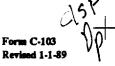
Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department



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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 57557450

	 	pe of Lease	FEE
_	 <b>API NO</b> 015	27208	

MAR 0 8 1993 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 E-5229 SUNDRY NOTICES AND REPORTS ON WELL ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: GAS WELL James Ranch Unit X WELL. OTHER Name of Operator 8. Well No. Enron Oil & Gas Company 9. Pool name or Wildcat 3. Address of Operator P. O. Box 2267, Midland, Texas 79702 Los Medanos Morrow Well Location 1980 Unit Letter G BHL: 1980 Feet From The north east Line and Feet From The Line 1980' FNL & 1100' FEL Unit H Surface: 30E Eddy 225 36 **NMPM** Township Range County Section 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3316.5' GL BHL: 3318' GL Surface: Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: 1/26/93 PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **TEMPORARILY ABANDON** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: 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.

2-24-93 - Set 4-1/2" 15.1# liner at 14,527'; top of liner at 11,277'

Cemented with 465 sacks Prem 1.2% KCl, 6/10% Gas \$top, 5/10% CRF-3, 3/10% HR-5. 16.4 ppg, yield 1.074

30 minutes pressure tested to 3000 psi, OK.

WOC - 24 hours.

I hereby certify that the information above is try and complaints the best of my knowledge and belief.	-
SKONATURE Regulatory Analys	t 3/3/93
TYPEORPRINT NAME Betty Gildon	915/686-3714 TELEPHONE NO.
(This space for State Use) * ODECEMAL SIGNED BY	

(This space for State Use) \* ORIGINAL SIGNED BY MIKE WILLIAMS

MAR 1 0 1993

APPROVED BY SUPERVISOR, DISTRICT IF
CONDITIONS OF APPROVAL IF ANY: