

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 87501-1088

WELL API NO.

30 015 27208

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-5229

7. Lease Name or Unit Agreement Name

James Ranch Unit

8. Well No.

18

9. Pool name or Wildcat

Los Medanos Morrow

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 G BHL: 1980 Feet From The north Line and 1980 Feet From The east Line  
Unit H Surface: 1980' FNL & 1100' FEL  
Section 36 Township 22S Range 30E NMPM Eddy County

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

BHL: 3318' GL Surface: 3316.5' GL

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: 1/26/93

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.

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 Stop, 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 true and complete to the best of my knowledge and belief.

SIGNATURE

Betty Gildon

TITLE

Regulatory Analyst

DATE

3/3/93

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

MAR 10 1993

CONDITIONS OF APPROVAL, IF ANY: