Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
APR 02 1993

Form C-103
Revised 1-1-89

d51 dp

WELL API NO. 30 015 27208

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. E-5229

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: James Ranch Unit

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

8. Well No. 18

2. Name of Operator: Enron Oil & Gas Company

9. Pool name or Wildcat: Los Medanos Morrow

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

4. Well Location
BHL Unit Letter G : 1980 Feet From The north Line and 1980 Feet From The east Line
SURFACE: H 1980 feet from the north and 1100 feet from the east
Section 36 Township 22S Range 30E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3316.5' GR at surface

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:	[ ]			OTHER: Additional Morrow Perforations			[X]

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.

3-30-93 - Perf Morrow "D" from 14,162'-14,168' with 6 SPF (37 holes .32")

Tied into flowline & turned to sales.

3-31-93 - 24 hours flowed 13,267 MCFD, 0 BCPD, 0 BWPD on an 28/64" choke. FTP 2500#.

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 4/1/93

TYPE OR PRINT NAME Betty Gildon TELEPHONE NO. 915/686-3714

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

APPROVED BY _____ TITLE _____ DATE APR 12 1993

CONDITIONS OF APPROVAL, IF ANY: