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 87504-2088 1993

O. C. D.

WELL API NO. 30 015 27357 5. Indicate Type of Lease

STATE FEE

The state of the s	6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	E-5229-5		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL WELL OTHER	1		
	James Ranch Unit		
2. Name of Operator Enron Oil & Gas Company	8. Well No. 19		
3. Address of Operator	9. Pool name or Wildcat		
P. O. Box 2267, Midland, Texas 79702	Wildcat Delaware		
4. Well Location			
Unit Letter J: 1980 Feet From The South Line and 198	60 Feet From The <u>east</u> Line		
Section 36 Township 22S Range 30E	NMPM Eddy County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			
3308' GR			
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
	SEQUENT 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 CE	EMENT JOB 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.

3-22-93 - Spud 6:30 pm

OTHER:

3-23-93 - Ran 14 joints 13-3/8" 48# H-40 ST&C casing set at 596.

Pumped 425 sacks (137.7 bbls) Pacesetter lite "C" (65:35:6) 2% CaCl + 1/2#/sx Cello-seal, 12.8 ppg, 1.82 cuft/sx.

Pumped 200 sacks (47.7 bb1s) of Class C + 2% CaCl, 14.8 ppg, 1.34 cuft/sx. Circulated 130 sacks cement.

OTHER:

WOC - 18 hours

30 minutes pressure tested to 500 psi, OK.

<i>*</i>	rmation above a true and complete to the best of my k	nowledge stabilist. This Regulatory Apalyst	PART 2/24/30
TYPE OR PRINT NAME	Betty Gildon		915/686-3714 TELEPHONE NO.
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		MAR § 1 1993
APPROVED BY	SUPERVISOR, DISTRICT II	TITLE	—— DATE ————————

CONDITIONS OF APPROVAL, IF ANY: