c/sf

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

OCT 26 1993

O. C. D.

WELL API NO. 30 015 27357

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

6. State Oil & Gas Lease No. E-5229-5

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 [X] GAS WELL [ ] OTHER

2. Name of Operator: Enron Oil & Gas Company

8. Well No. 19

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

9. Pool name or Wildcat: SE Quahada Ridge Delawara

4. Well Location
Unit Letter J : 1980 Feet From The south Line and 1980 Feet From The east 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

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: Workover	[X]			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.

Test Cherry Canyon interval from 6717' to 6729' and commingle with existing Lower Brushy Canyon. If this interval is non-productive, interval 6812'-6220' will be tested.

Existing Lower Brushy Canyon perfs are 7418-7427 & 7500-7511

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 10/25/93

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II TITLE DATE NOV 12 1993

CONDITIONS OF APPROVAL, IF ANY: