

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

Application Expired

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-4229-4

7. Lease Name or Unit Agreement Name

James Ranch Unit

8. Well No.

16

9. Pool name or Wildcat

Und. Bone Spring

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

SEP 15 '94

2. Name of Operator

Enron Oil & Gas Company

C. C. D.

3. Address of Operator

P. O. Box 2267, Midland, Texas 79702

ARTESIA, OFFICE

4. Well Location

Unit Letter H : 2100 Feet From The north Line and 990 Feet From The east Line

Section 36

Township 22S

Range 30E

NMPM

Eddy

County

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

3316.0' GR

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: Extend Drilling Permit ☒

SUBSEQUENT REPORT OF:

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.

Permit expired on 8-10-94 - Please extend permit for this well for 180 days
(6 month) from 8-10-94.

Permit Expired
8-10-94
EXP INK

EXPIRED - 2-10-95

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

9/13/94

TYPE OR PRINT NAME

Betty Gildon

915/686-3714
TELEPHONE NO.

(This space for State Use)

SUPERVISOR, DISTRICT II

TITLE

DATE

OCT 12 1994

PROVED BY

CONDITIONS OF APPROVAL, IF ANY:

