

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

WELL API NO.
30 015 29716

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-9262

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 ☒ Dry-Hole

2. Name of Operator
Enron Oil & Gas Company (7377)

7. Lease Name or Unit Agreement Name

Sand Tank 16 State Com.

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

8. Well No.
#1 (21091)

4. Well Location
Unit Letter I : 1650 Feet From The south Line and 660 Feet From The west Line

9. Pool name or Wildcat (84872/84874)
Sand Tank Morrow/Strawn

Section 16 Township 18S Range 30E NMPM Eddy County

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

3513' 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: ☐ 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.

7/31/97 - Spud 11:30 p.m.

Set 16" conductor pipe at 80'. Released spudder.

Enron intends to fill hole with sand and set a 10 sack cement plug at surface, weld on cap and install dry-hole marker.

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
TYPE OR PRINT NAME Betty Gildon

DATE 8/18/97
915/686-3714
TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

AUG 22 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: