

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Enr Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CHP
OP

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)

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

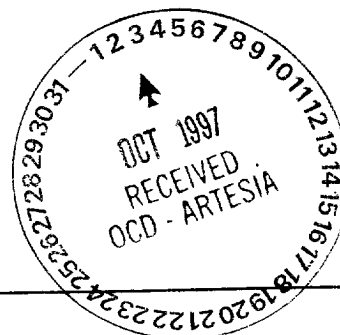
4. Well Location
Unit Letter I : 1650 Feet From The south Line and 660 Feet From The west Line
Section 16 Township 18S Range 30E NMPM Eddy County

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: 8-18-97	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

9-29-97 - Cmt plug from 80' TD back to surface. Filled 80' of 16" conductor pipe with 4 yards of ready mix concrete. Installed 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 Betty Gildon TITLE Regulatory Analyst DATE 9/30/97

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

OCT 20 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: