

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Submit 3 Copies to Appropriate District Office

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

WELL API NO.

5. Indicate Type of Lease STATE FEDERAL

6. State Oil & Gas Lease No. L 6331

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

O'Connell Ranch (Enhanced Recovery) Unit

1. Type of Well: OIL WELL GAS WELL OTHER

8. Well No. ORU #6

2. Name of Operator Enercap Corporation

9. Pool name or Wildcat Wildcat, Chinle

3. Address of Operator 16945 Northchase Dr., Ste. 1700 Houston, TX 77060

4. Well Location Unit Letter A : 352 Feet From The N Line and 665 Feet From The E Line

Section 15 Township 11 N Range 25 E NMPM Guadalupe County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4579.5" GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data. NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK, TEMPORARILY ABANDON, PULL OR ALTER CASING, OTHER. SUBSEQUENT REPORT OF: REMEDIAL WORK, ALTERING CASING, COMMENCE DRILLING OPER, 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.

Run open ended tubing to 599'. Equilize 15.5 # cement to a minimum depth of 360'. Pull tubing. Fill remainder of hole with water. Set 20' surface plug. Set dry hole marker.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ramon Elias TITLE V. P. Of Operations DATE 6/8/92

TYPE OR PRINT NAME Ramon Elias TELEPHONE NO. 876-0170

APPROVED BY [Signature] DISTRICT SUPERVISOR DATE 6-12-92

CONDITIONS OF APPROVAL, IF ANY: