

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 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-30758
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. State 2029-66 V-4989-1
7. Lease Name or Unit Agreement Name Amtrack State Com
8. Well No. 1
9. Pool name or Wildcat Undes Crow Flat, Morrow SE

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Enron Oil & Gas Company	
3. Address of Operator P.O. Box 2267 Midland, TX 79702	
4. Well Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line Section 4 Township 17S Range 28E NMPM Eddy County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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: ☐

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.

11/1/99 - Ran 10 jts of 11-3/4", 42#/ft, H-40, STC casing. Casing set @ 446'. Cemented with 300 sx Class C cement with 2% CaCl2. Weight 14.8#/gal; 1.34 cu ft/sk; 72 bbls. Circulated 18 sx cement to reserve pit. WOC 43 hrs before testing. Tested to 600# - OK.



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

SIGNATURE Mike Francis TITLE Agent DATE 11/5/99

TYPE OR PRINT NAME Mike Francis TELEPHONE NO. 915/686-3714

(This space for State Use)

APPROVED BY Jim W. Gurn TITLE District Supervisor DATE

CONDITIONS OF APPROVAL, IF ANY: