

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 28960
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-4108-32
7. Lease Name or Unit Agreement Name Sand Tank 32 State Com. (18920)
8. Well No. 1
9. Pool name or Wildcat Undes Sand Tank Strawn (84874) / Morrow (84872)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3555' GR

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
2. Name of Operator Enron Oil & Gas Company
3. Address of Operator P. O. Box 2267, Midland, Texas 79702
4. Well Location Unit Letter N : 660 Feet From The south Line and 1980 Feet From The west Line Section 32 Township 17S Range 30E NMPM Eddy County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: 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: ☐	SUBSEQUENT REPORT OF: 8/23/96
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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.

8-27-96 - Ran 96 joints 8-5/8" 32# J-55 ST&C casing set at 4005.53'

Cemented with 1100 sacks Prem Plus 50/50 poz, 10% gel, 1/4# Flocele & 8#/sx salt, 11.9 ppg, 2.41 cuft/sx, 472 bbls slurry AND 250 sacks Prem Plus with 2% CaCl, 14.8 ppg, 1.32 cuft/sx, 58 bbl slurry. Circulated 250 sacks. WOC - 10-1/4 hours. 30 minutes pressure tested.

min of 19 hr

RECEIVED

AUG 29 1996

OIL CON. DIV.

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 8/28/96
TYPE OR PRINT NAME Betty Gildon TELEPHONE NO. 915/686-3714

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 5 1996
CONDITIONS OF APPROVAL, IF ANY: