

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

dst
dp

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

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

WELL API NO.
30 015 27778

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
B 11556-5

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
Big Eddy Unit

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
132

2. Name of Operator
Enron Oil & Gas Company

9. Pool name or Wildcat
Und. Delaware

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

4. Well Location
Unit Letter J : 1980 Feet From The south Line and 1980 Feet From The east Line
Section 16 Township 21S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3367.4' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF: 3/21/94

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER:
- PLUG AND ABANDON
- CHANGE PLANS
- OTHER:
- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER:
- ALTERING CASING
- PLUG AND ABANDONMENT
- 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.

3-26-94 - Ran 1 joint 8-5/8" 32# J-55 ST&C casing and 73 joints 8-5/8" 32# K-55 ST&C casing set at 3040'.

Cemented with 850 sacks Pacemaker Lite "C" (65-35-6) + 10% Salt & 1/4#/sx cello-cell, 12.7 ppg, 2.04 cuft/sx (309 bbls slurry) and 200 sacks Class "C" + 1% CaCl, 14.8 ppg, 1.32 cuft/sx (47 bbls slurry). Circulated 168 sacks.

WOC - 19 hours. 30 minutes pressure tested to 1300 psi, OK.

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 3/28/94

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)
SUPERVISOR DISTRICT II
APPROVED BY _____ TITLE _____ DATE MAR 31 1994

CONDITIONS OF APPROVAL, IF ANY: