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

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

WELL A	PI NO.		·	
30	-025-304	75		
5. India	ate Type of Lea	ase 🔻		
		STATE	FEE	<u> </u>
6. State	Oil & Gas Lea	se No.		

P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X WELL OTHER	$arphi_{G}$ Enron 13 State	
2. Name of Operator Pacific Enterprises Oil Company (USA)	8. Well No. *1*	
3. Address of Operator 4245 Kemp Blvd., Suite 600, Wichita Falls, TX 76308	9. Pool name or Wildcat Vacuum Abo Reef	
4. Well Location Unit Letter A: 660 Feet From The North Line and 66	O Feet From The East Line	
Section 13 Township 18S Range 34E	NMPM County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3976 GR		
Check Appropriate Box to Indicate Nature of Notice NOTICE OF INTENTION TO:	, Report, or Other Data JBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILL	ING OPNS. PLUG AND ABANDONMENT X	
PULL OR ALTER CASING CASING TEST AND	CEMENT JOB	
OTHER: OTHER:		
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, i work) SEE RULE 1103.	ncluding estimated date of starting any proposed	
11-1-88: Spot P&A plugs as follows: 40 sx Class C @ 9050' 55 sx " " 6300' 65 sx " " 4276' 65 sx " " 3350'		
11-2-88: Pmp 35 sx Class C @ 1738'. TOH & pmp 10 sx to Cut off csg, weld on plate w/4' marker. Relea	surf. Lift BOP st q ck, ased rig at 12:30 pm 11-2-88.	

I hereby certify that the information above is true and complete to the best of my knowled SIONATURE	TITLE Production Eng. Mngr.	10/22/92
TYPEOR PRINT NAME Stan M. Smith		тецерноме но. (817) 692-30(
(This space for State Use) APPROVED BY MINISTER OLUMNO	_ TITLE	DATE

CONDITIONS OF APPROVAL, IF ANY:

CO HOSES OFFICE