Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO.
30 025 27677

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
LG-359 & A-4096

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
Madera 32 State Com.

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

8. Well No.
1

2. Name of Operator
Enron Oil & Gas Company

9. Pool name or Wildcat
Pitchfork Ranch Morrow

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

4. Well Location
Unit Letter C : 1980 Feet From The west Line and 660 Feet From The north Line

Section 32 Township 24S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3468' GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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: Perforate additional Morrow [X]	

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.

3-16-95 - Perforated Sinatra Sand 14,610' - 14,625' (4 SPF, 61 shots) and Perforated Morrow "C" Stringer 14,937' - 14,940' (4 SPF, 13 shots)

3-18-95 - 24 hrs flow 1043 MCFD, 64/64" Chk, FTP 260, CP 340 BW 3, LP 250.

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 4/7/95

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY GARY WINK FIELD REP. II TITLE DATE APR 11 1995

CONDITIONS OF APPROVAL, IF ANY: