## Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISIO P.O. Box 2088	N well api no. 30 025 27677
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Arlesia, NM 88210	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	LG-359 & A-4096
(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 COTHER	Madera 32 State Com.
2. Name of Operator ENron Oil & Gas Company	8. Well No.
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Pool name or Wildcat , - , , , , , , , , , , , , , , , , ,
4. Well Location	CCO nowth
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, et 3468 GR	·)
11. Check Appropriate Box to Indicate Nature of Notice	ce, Report, or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	K ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR	ILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST A	ND CEMENT JOB
OTHER: OTHER: Per	rforate additional Morrow X
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent date, work) SEE RULE 1103.	
Reperforate Morrow 14,980' to 14,944' & 15,008' to 15,01	18' (.41" 52 holes).
Frac with 47,371 gals 60 quality CO2 Alco foam and 28	.000# 20/40 Interprop Plus.
Trac wrom tryerz gard to part of	
I heraby certify that the information above is true and complete to the best of my knowledge and belief.  Regulation	tory Analyst
SKINATURE	tory Analyst <u>DATE</u> <u>1/29/93</u> 915/686-3714
TYPEOR PRINT NAME Betty Gildon	TELEPHONE NO.
(This space for State Use)	FEB 02 1993
APPROVED BY TITLE	DATÉ