Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Ene ____, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION	ON DIVISION	WELL API NO.		
P.O. Box 2088		30 025 29082			
P.O. Drawer DD, Artesia, NM 88210	Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas L	STATE X FEE	
			LG-4235		
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"			7. Lease Name or Unit Agreement Name		
(FORM C-	VOIR. USE APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	:RMIT"		mr vRicerisett Mattie	
1. Type of Weil: OIL GAS WELL WELL WEIL V			1		
2. Name of Operator	OTHER	Diamond SM-		36 State	
Enron Oil & Gas Compan	Company		8. Well No.		
3. Address of Operator P. O. Box 2267, Midland, Texas 79702			9. Pool name or Wildcat		
4. Well Location	u, 10,403 73702		Pitchfork Rar	nch (Morrow)	
Unit Letter I: 1980	Feet From The South	Line and66	Feet From Ti	heeast Line	
Section 36	Township 24S R	ange 33E	Lea		
	10. Elevation (Show whether		NMPM Lea	County	
	3479.2' GR				
11. Check A	appropriate Box to Indicate				
NOTICE OF INT	ENTION TO:	SUB	SEQUENT RE	PORT OF : 12-6-90	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. D	UG AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB			
OTHER:		OTHER: Additional Morrow Perfs			
12. Describe Proposed or Completed Operation					
 Describe Proposed or Completed Operation work) SEE RULE 1103. 	ALL (CLEWTY STATE OIL PERIMENT DELOUS, OL	na give pertinent dates, includ	ting estimated date of su	arting any proposed	
1-22-91 - Perforated M	orrow B 14.994'-15.0	16' & 15 N22'-15	5 028' (36"	11/ holes)	
			,	,	
Acidized wit	h 8000 gal alco gel, 8 1500 gal MOD 101 ac			gals alco gel &	
2 7 01 Elouing 000 MCE), TD 210, CD 400, O [20 DLI			
2-7-91 Flowing 880 MCF); IP 310; CP 400; U E	ou, so bw.			
I hereing comply that the information should dis-	and complete to the best of an in-	had a			
I hereby certify that the information above is this	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
SKINATURE	π	ட Regulatory A	malyst	DATE 2/14/91	
TYPEOR PRINT NAME Betty Gildo	<u>n</u>			(915) 686–3714 TELEPHONE NO.	
(This space for State Use)					
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APPROVED BY		LE		n.=	