

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

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

WELL API NO. 30-025-30531
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name Hefner 11 Com.
2. Name of Operator Enron Oil & Gas Company	8. Well No. 1-
3. Address of Operator P. O. Box 2267, Midland, Texas 79702	9. Pool name or Wildcat Cinta Roja Morrow
4. Well Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>north</u> Line and <u>1980</u> Feet From The <u>west</u> Line Section <u>11</u> Township <u>24S</u> Range <u>35E</u> NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3429.8' GL	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☒
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.

1/30/89 - Spud 12:00 noon.

1/31/89 - Set 13-3/8" 48# H-40 ST&C at 670 feet.

Cemented with 300 sacks 35/65 poz C; 1.95 cuft/sx - 12.7 ppg, and 275 sacks Class C; 1.32 cuft/sx-14.8 ppg. Circulated to surface.

30 minutes pressure tested to 500 psi. WOC 19½ hours.

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 2/7/89
TYPE OR PRINT NAME Betty Gildon TELEPHONE NO. (915) 686-37

(This space for State Use)

Eddie W. Seay
Oil & Gas Inspector

APPROVED BY _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 09 1989