Submit 3 Copies to Appropriate District Office

CONDITIONS OF AFFROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO. 30 025 31798	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lea	156
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE 6. State Oil & Gas Lease No. 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" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL WELL XX	OTHER		Diamond SM-3	6 State
2. Name of Operator Engon Oil & Cas Company			8. Well No. 2	
Enron Oil & Gas Company 3. Address of Operator P. O. Box 2267, Midland, Texas 79702			9. Pool name or Wildcat Pitchfork Ranch (Morrow)	
4. Well Location	90 Feet From The South	Line and 198		
Section 36	Township 24S	Range 33E	NMPM Lea	County
	10. Elevation (Show wheth			
11. Check	Appropriate Box to Indicate		eport, or Other Da	<i>/////////////////////////////////////</i>
NOTICE OF INT	ENTION TO:	SUE	SEQUENT REF	PORT OF : 2/8/93
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING CASING TEST AND CE			EMENT JOB XX	
OTHER:		OTHER:		
12. Describe Proposed or Completed Operationship SEE RULE 1103.	tions (Clearly state all pertinent details	and give pertinent dates, inclu	ding estimated date of sta	rting any proposed
	3-1/2" 12.52# P105 8 3-1/2" 10.30# C75 CS s 3-1/2" 12.95# P105	SCB casing		
Casing set at 15,556'				
	625 sacks (122 barre s Stop + .75 of 1% CF			
30 minutes pr	essure tested to 4400)# OK. WOC - 96	hours.	
^				
I hereby certify that the information show.	and complete to the best of my knowledge	and belief.		
SIGNATURE NOTE N	Mon	mme Regulatory Ar	nalyst	3/11/93
TYPEOR PRINT NAME Betty	Gildon			915/686-3714 TELEPHONE NO.
(This space for State Use)	in the Control Fair			MAR 15 1993
APPROVED BY		TITLE		DATE