

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 33299

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LG-3167-A

7. Lease Name or Unit Agreement Name

Jackson Unit

8. Well No.

4

9. Pool name or Wildcat

Wildcat Atoka, Johnson Ranch Morrow

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 ☐ GAS WELL ☒ OTHER

2. Name of Operator
Enron Oil & Gas Company

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

4. Well Location
Unit Letter 3 : 660 Feet From The north Line and 2100 Feet From The east Line

Section 15 Township 24S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3615' GR

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.

3-14-96 - Spud 7:30 a.m.

Ran 15 joints 13-3/8" 48# H-40 ST&C casing set at 649'.

Cemented with 325 sx Prem Plus + 2% CaCl + 3% Econolite + 1/4#/sx Flocele,
11.5 ppg, 2.78 cuft/sx, 180 bbls slurry and 250 sx Prem Plus + 2% CaCl,
14.8 ppg, 1.32 cufts/x, 60 bbls slurry.

WOC - 8-1/2 hours. 30 minutes pressure tested to 500 psi, CK.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Betty Gildon

Regulatory Analyst

TITLE

DATE 3/18/96
915/686-3714

TYPE OR PRINT NAME

Betty Gildon

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAR 20 1996

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

