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 33815

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
LC-061374-A

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
Bell Lake 7 Unit (19275)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

8. Well No.
1

2. Name of Operator
Enron Oil & Gas Company

9. Pool name or Wildcat Devonian(71800)
Bell Lake Morrow South (71960)

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

4. Well Location
Unit Letter J : 2276 Feet From The south Line and 1863 Feet From The east Line

Section 7 Township 24S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3604' GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☒
TEMPORARILY ABANDON	☐	CHANGE PLANS	☒	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.

New casing program:

Hole Size	Casing Size	Csg wt/foot	Setting Depth	Sacks of Cmt	Estimated TOC
17-1/2	13-3/8	48	640	575	Circulated
12-1/4	9-5/8	36 & 40	5200	1250	Circulated
8-3/4	7-5/8	29.7 & 39	12700	1200	4500'
6-1/2	5-1/2	20	15700	500	Circulated

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 5/21/97

TYPE OR PRINT NAME Betty Gildon TELEPHONE NO. 915/686-3714

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JUN 27 1997

CONDITIONS OF APPROVAL, IF ANY: