Submit 3 Copies

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico

Form C-103 Revised 1-1-89

to Appropriate	Energy, Minerals and Natura	ii Resources Department	Reviscu 1-1-09
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVAT	eco St.	WELL API NO. 30-025-34674
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe,	NM 87505	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. V-5008
SUNDRY NOT	ICES AND REPORTS ON W	/ELLS	
(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 Concho 5 State Com
1. Type of Well: OIL GAS WELL WELL X	OTHER		
2. Name of Operator			8. Well No.
Enron 011 & Gas Company			1
3. Address of Operator			9. Pool name or Wildcat Johnson Ranch (Wolfcamp)
P.O. Box 2267 Midland, TX 4. Well Location	/9/02		
Unit Letter : 231	O Feet From The Sout	th Line and 6	60 Feet From The East Line
Section 5	Township 24 South	Range 33 East	NMPM Lea County
	10. Elevation (Show w	hether DF, RKB, RT, GR, e GR - 3611	rtc.)
11. Check Ar	opropriete Boy to Indic		e, Report, or Other Data
_	NTENTION TO:	SU	BSEQUENT REPORT OF:
NOTICE OF I	_		
PERFORM REMEDIAL WORK	PLUG AND ABANDON L	REMEDIAL WORK	L ALTERING CASING L
TEMPORARILY ABANDON	CHANGE PLANS L	_ COMMENCE DRILLIN	
PULL OR ALTER CASING		CASING TEST AND C	_
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. 8-30-99 Spud @ 6:00 p.m. 8-31-99 Ran 16 jts of 11-3/4" 42# H40 STC, Casing set @ 658' Cemented - Lead slurry-200 sx Premium Plus Cement + 2% CaCl + 3% econolite + 1/4"/sx Flocele; weight 11.4#/gal, 2.88 cu ft/sx; 103 bbls. Cemented - Tail slurry - 150 sx Premium Plus Cement + 2% CaCl; weight 14.8#/gal, 1.32 cu ft/sk; 35 bbls Circulated 94 sx of cement to reserve pits WOC - 8 hrs; Pressure tested to 600 psi, ok			
I hereby certify that the information above is SIGNATURE	tel	owledge and belief. TITLE Agent	DATE 10/6/99 TELEPHONE NO. 915/686-3714
OFFICIAL NAME MIKE FIGURES			
Gi	NAL SI GNED BY ARY WINK ELD REP. II	TITLE	OCT 1 8 1998

TITLE