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 27083

5. Indicate Type of Lease STATE ☐ FEE ☒

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.)

7. Lease Name or Unit Agreement Name: Fairview "14" Fee

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: Wildcat Bone Spring

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

4. Well Location
Unit Letter G : 1980 Feet From The north Line and 1980 Feet From The east Line

Section 14 Township 25S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3347' 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.

1-1-95 - Reentered Enserch Exploration's T.G. Bates #1 Well P&A 9-16-88.

1-3-95 - TD 12,680'.

1-7-95 - Ran 33 jts 5-1/2" 17# S-95 LT&C, 13 jts 5-1/2" 17# CF-95 LT&C & 145 jts 5-1/2" 17# P-110 LT&C casing set at 12,290.94'.

Cemented with 300 sx Cl H + .6% Halad 22A, 4-1/2% SA; 15.6 ppg, 1.24cuft/sx, 66.5 bbls slurry. Cement top calculated at 11,200'.

WOC - 10 hours 30 minutes pressure tested to 5000 psi, OK.

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 1-10-95

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE DATE JAN 12 1995

CONDITIONS OF APPROVAL, IF ANY: