

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-30749
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name Warren 3
2. Name of Operator Enron Oil & Gas Company	8. Well No. 2
3. Address of Operator P. O. Box 2267, Midland, Tx 79702	9. Pool name or Wildcat Pitchfork Ranch Morrow
4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>south</u> Line and <u>1980</u> Feet From The <u>west</u> Line Section <u>3</u> Township <u>25S</u> Range <u>34E</u> NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3357' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF: 4/18/90
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

4-25-90 - Set 4-1/2" liner at 15,347' (15.10# P110 FL4S). TOL @ 12,970'

Cemented with 400 sx C1 "H" cmt + .5 of one percent CFR-3 + .2 of one percent HR-5 + .6 of one percent gas stop + 3#/sx potassium chloried, yield 1.19 cuft/sx, 15.7 ppg.

WOC - 21 hours. 1/2 hour pressure tested to 2500 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 5/1/90  
TYPE OR PRINT NAME Betty Gildon TELEPHONE NO. 915/686-3714

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
APPROVED BY DISTRICT I SUPERVISOR TITLE  DATE MAY 3 1990  
CONDITIONS OF APPROVAL, IF ANY: