

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Kd., Aztec, NM 87416

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

WELL API NO. 30 025 32249
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. NM 14497-A
7. Lease Name or Unit Agreement Name Diamond 7 State
8. Well No. 1
9. Pool name or Wildcat Red Hills (Bone Spring)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3395.4' GR

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 F : 1650 Feet From The north Line and 2310 Feet From The west Line Section 7 Township 25S Range 34E NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3395.4' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF: 1/25/94
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	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.

2-6-94 - TD at 12,550'

2-9-94 - Ran 277 joints 5-1/2" 17# P-10, CF-95 LT&C casing set at 12,428'.

Cemented with 1421 sacks PSL "H", 6% gel, 10# salt, 1/4# C5, .8% CF-14A
13 ppg, 1.91 cuft/sx (483 bbls slurry) and 235 sacks "H", .8% CF-14A, 2# MS, 10%
salt, 15.6 ppg, 1.23 cuft/sx (51 bbls slurry). Ran Temp Survey - TOC at 5100'.

WOC - 24 hours

30 minutes pressure tested to 3100 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 2/10/94
TYPE OR PRINT NAME Betty Gildon TELEPHONE NO. 915/686-3714

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 14 1994