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 33738

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
85640

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
Greenback State

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Enron Oil & Gas Company

8. Well No.
3

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

9. Pool name or Wildcat
East Fowler (Ellenburger)

4. Well Location
Unit Letter J : 2311 Feet From The south Line and 1654 Feet From The east Line

Section 17 Township 24S Range 38E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3222' 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 [XX]	
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.

1-30-97 - Spud 4:00 p.m.

1-31-98 - Ran 11 joints 11-3/4" 42# H-40 ST&C casing set at 450'.

Cemented with 115 sx Cl C 2% CaCl2, 3% Econ, .25 ppg FW gel, 11.4 ppg, 1.88 cuft/sx, 59 bbls slurry and 120 sacks PBCZ, 13.5 ppg, 1.63 cuft/sx, 35 bbls slurry. Circulated 40 sacks cement.

WOC - 18 hours. 30 minutes pressure tested to 2000 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 2/4/97

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: