

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 88241-1980

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-34604</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>L5114</b>
7. Lease Name or Unit Agreement Name <b>Triste Draw "2" State</b>
8. Well No. <b>1</b>
9. Pool name or Wildcat <b>Johnson Ranch (Wolfcamp)</b>

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	
2. Name of Operator <b>Enron Oil &amp; Gas Company</b>	
3. Address of Operator <b>P.O. Box 2267 Midland, TX 79702</b>	
4. Well Location Unit Letter <b>K</b> : <b>1650</b> Feet From The <b>South</b> Line and <b>1650</b> Feet From The <b>West</b> Line Section <b>2</b> Township <b>25S</b> Range <b>33E</b> NMPM <b>Lea</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3448' GL</b>	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Log Confidentiality Request ☒

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.

Enron Oil & Gas Company requests the Confidentiality of Logs for <sup>90 days</sup> ~~one year~~.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mike Francis TITLE Agent DATE 06/03/99  
TYPE OR PRINT NAME Mike Francis TELEPHONE NO. 915/686-3600

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT DIRECTOR

TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: