

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.

30-025-34653

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Vaca Draw "16" State

8. Well No.

2

9. Pool name or Wildcat

Draper Mill (Wolfcamp)

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, TX 79702

4. Well Location

Unit Letter L : 1650 Feet From The South Line and 990 Feet From The West Line

Section 16 Township 25S Range 33E NMPM Lea County

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

3417' GL

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: Completion

☒

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.

09/04/99-Perforated Wolfcamp (13751'-13797'0A)

13785'-13797'(1SP2F,7 holes,120 degrees)

13773'-13783'(1SP2F,6 holes,120 degrees)

13751'-13759'(1SP2F,5 holes,120 degrees)

13763'-13767'(1SP2F,3 holes, 120 degrees)

Flow test and Sales.

09/12/99-Acid Frac Wolfcamp down 2-7/8" tubing with 38210 gals acid with CO2. Flow test and Sales.

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 09/19/99

TYPE OR PRINT NAME

Mike Francis

TELEPHONE NO. 915/686-3600

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

