

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Instructions on re-
verse side)

Drugel 15, 1968, 100

5. LEASE DESIGNATION AND SERIAL NO.

NM-4282

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL 1-30 (Penn)

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

UTE DOME (PENN)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 30, T32N, R13W

12. COUNTY OR PARISH

SAN JUAN

13. STATE

NEW MEXICO

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—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER
2. NAME OF OPERATOR
ENSERCH EXPLORATION, INC.
3. ADDRESS OF OPERATOR
909 S. MERIDIAN, SUITE 608, OKLAHOMA CITY, OKLAHOMA 73108
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2180' FNL & 2300' FEL Section 30, T32N, R13W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

KB-6435'; G.L.-6423'

16. Check appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

COMPLETION OPERATIONS ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

WAITING ON PIPELINE CONNECTION



18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE DIST. PRODUCTION MANAGER

DATE 7-10-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side