

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP CASE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-069276
2. NAME OF OPERATOR Robert N. Enfield		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2431, Santa Fe, New Mexico 87501		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FWL of Section 29		8. FARM OR LEASE NAME Hudson Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2470.16'	9. WELL NO. 5
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Undesig. Buffalo Queen
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.)*		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 29, T-18-S, R-33-E
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Conductor, sand, surface operations</u> <input checked="" type="checkbox"/>	

(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.)*

JSM Drilling Co. set 40' of 13 3/8" conductor pipe and cemented in place 9/9/91. Spudded a 12 1/4" hole at 12:30 AM 9/14/91. TD surface hole at 10:00 AM 9/14/91 at 423'. Ran a total of 10 joints 8 5/8" 24#/ft., K-55 S1&C casing set at 423' K.B. Ran 3 Howco Centralizers. Cemented with 300 sacks Premium Plus cement with 2% CaCl2 and 1/4# floccle/sk. Plug down at 4:00 PM 9/14/91. Circulated 125 sacks cement to pit. Notified Mr. Andy Cortez with the BLM in Hobbs New Mexico of pressure test. Tested BOPS, manifold, chokes and well head to 1025 psig with rig pump.

RECEIVED
 SEP 30 10 49 AM '91
 CARLSBAD OFFICE
 AREA

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

SIGNED [Signature] TITLE Agent for Robert N. Enfield DATE 9/27/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side