PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

N. M. O. C. C. COPY

Copy GSF

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Form 9-331 (May 1963)	NITED STATES DEPARTMENT OF THE INTE	SUBMIT IN 1 JICATE* (Other instructions on reverse side)	Form approved. Budget Bureau No. 42-R1424.  5. LEASE DESIGNATION AND SERIAL NO.
_	GEOLOGICAL SURVEY	,	NM-0304758-A
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.)			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL CAS WELL X	OTHER	CEIVED	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR ROBERT N. ENFIEL	D ~	EC 1 5 1972	8. FARM OR LEASE NAME Federal 11
3. ADDRESS OF OPERATOR POB 807, Roswell	, New Mexico 88201	O. C. C.	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with property requirements. See also space 17 below.) At surface			Buffalo Valley Penn
990' FN&EL Section 11, T15S, R27E			11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA Sec. 11, T15S, R27E
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	3522 Gr.		Chaves New Mexico
16.	Check Appropriate Box To Indicate		Other Data

REPAIR WELL CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) \*

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

T.D. 8670' Lime. Ran 267 jts. 4-1/2" Csg. (66 jts. K-55)(201 jts. J-55) total 8679.08'. Set @ 8670' with 200 sx. Class "C" 50/50 Pozmix with 2% gel and 8# salt per sack + 3/4 of 1% CFR<sub>2</sub>.

Plug down 4 a.m. 12/5/72

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

WOC

	ESIA, MEXICA
18. I hereby certify that the toregoing is true and correct  SIGNED OPERATOR OPERATO	or DATE 12/12/72
(This space to Federal or State office use)  APPROVED BY 12  CONDITIONS OF APPROVAL, IF ANY:	DATE
ACTING DISTRICT ENGINEER  *Sec Instructions on Revo	#0 \$ \$ 1 \$ 5 \$ 1 \$ 5 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$