

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
Robert N. Enfield
3. ADDRESS OF OPERATOR
P.O. Box 2431, Santa Fe, NM 87501
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE 990' FNL & 990' FEL of Sec. 11
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input checked="" type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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.)*

This well will be plugged in approximately 2 weeks.

1. Set CIBP at approx. 8350' K.B. w/minimum of 35' of cement on top.
2. Free point 4-1/2" casing, cut and/or back-off
3. Plug No. 1 100' plug 50' in and 50' out of 4-1/2" stub.
4. Fluid to be used mud laden fluid (saltwater gel).
5. Plug No. 2 at 4300' - 100' plug
6. Plug No. 3 at 1798' (8-5/8" shoe at 1748') 100' plug 50' in & 50' out
7. Plug No. 4 at 1000', 100' plug
8. 15 sack plug at surface with dry hole marker

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Robert N. Enfield TITLE Operator DATE 2/27/84

Robert N. Enfield (This space for Federal or State office use)

APPROVED BY (Sgt.) PETER W. CHESTER DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAR 26 1984

See Instructions on Reverse Side

5. LEASE
NM-0304758-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 1-11

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Buffalo Valley Penn

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

Sec. 11, T15S, R27#

12. COUNTY OR PARISH 13. STATE

Chaves

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3533.2 KB 3522.4 GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

