Form 9–331	Form Approved.
Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES TO TAKE CONTRIBUT	<sup>11</sup> 5. LEASE
DEPARTMENT OF THE INTERIOR	NM-A-32594
GEOLOGICAL SURVEYIA, XM 83210	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME
1 oil gas RECEIVED BY	- O. FARM OR LEASE NAME
1. oil $\Box$ gas $\boxtimes$ other	Federal "18"
2. NAME OF OPERATOR NOV 14 1986	9. WELL NO.
Robert N. Enfield	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR O. C. D.	East Lake - Horrow Gas
P. O. Box 2431, Santa FellenM 87902-2431	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 18, T19S, R27E
AT SURFACE: 660' FNL & 660' FEL of Sec. 18	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	EddyN!1
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3271.2 GR
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form <u>9</u> -330.)
CHANGE ZONES	
ABANDON* [] [] (other) X temporarily abandon Morrow,	
complete in Cisco Canyon	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta including estimated date of starting any proposed work. If well is o measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and
<ol> <li>Pull completion assembly</li> <li>Run and set a retreivable bridge plug at</li> </ol>	92001 VD
<ol> <li>Run and set a retreivable bridge plug at</li> <li>Run a cement bond log from 8300' to 7000</li> </ol>	
4. Perforate 7906'- to 7908' KB with 8 holes	
5. Run completion assembly	
6. Acidize as required.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
7. Swab and/or flow test	13 12 2 Par
8. Run potential test	NO.
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Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	-
A A A A A	
SIGNED / Mul / Configuration	date11/10/86
This space for Federal or State o	ffice use)
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE/
	Port The
*See Instructions on Reverse	side TA Mr.

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