Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, ...nerals and Natural Resources Department

Form C-103 Revised 1-1-89 disp

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATIO P.O. Box 208	WELL API NO.			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	5. Indicate Type of Lease			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		DEC -1 789	6. State Oil & Gas		EE X
(DO NOT USE THIS FORM FOR PR DIFFERENT RESE	TICES AND REPORTS ON WEL OPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPLICATION FOR PER C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or	Unit Agreement Name	
1. Type of Well: On. GAS WELL WELL XX OTHER			Douglas		
2 Name of Operator	8. Well No.				
Robert N. Enfield]	P1 1	
3. Address of Operator P. O. Box 2431, Santa Fe, New Mexico 87501			9. Pool name or Wildcat McMillan Upper Penn Gas		
4. Well Location	anta re, New Mexico 07.	501	1 MCMITTAIL O	pper reim das	
Unit Letter : 17(D Feet From The South	Line and1650	Feet From	The <u>East</u>	Line
n 7	700	275	spene Edd	les.	
Section . 7	Township 185 Ra	nge 27 E DF, RKB, RT, GR, esc.)	NMPM Edd		County
	3	270.8 G R		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
	Appropriate Box to Indicate 1		-		
NOTICE OF IN	SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS.	PLUG AND ABANDONN	MENT []
PULL OR ALTER CASING		CASING TEST AND C			
	Complete Welferma 777		EMENT JOB []		
OTHER: Plug & Abandon Cisco;	Complete Wolfcamp (XX)	OTHER:			니
 Describe Proposed or Completed Oper work) SEE RULE 1103. 	ations (Clearly state all pertinent details, an	d give pertinent dates, incli	uding estimated date of	starting any proposed	
- Moye-in	and rig up pulling uni; pull out	of hale with existing	n completion asse	emhly	
	et a CIBP at appx. 7,800' KB; c			ansiy.	
- Cinculate	250 gallons of 10% acetic a	cid to spot.; perfoi		zone(s) from	
	17,530' KB with 1 shot per foo with packer and tubing; set at a				
	acid with 12 bbls. 2% KCL wate				•
- Swab and.	/flow to clean-up and test.				
	erforations with 2000 gallons	of 15% NeFe acid.	-	•	
- Swab and. - Run A O F	/flow to test.				
- Kull A O F	test.				•
		•			
I hereby certify that the information above is M	we and complete to the best of my knowledge and	belief.			
SIGNATURE SIGNATURE	anay m	LEAgent		date11/30/	89
TYPE OF PRINT NAME James F.	O'Briant			TELEPHONE NO. (915) 683-551
	IAL SIGNED BY				· · · · · · · · · · · · · · · · · · ·
	COLORDO DE PORTO DE LA COLORDO			DEC 1	3 1989
APPROVED BY	Acces District II m	LE		DATE	
CONDITIONS OF APPROVAL, IF ANY:					