CENYED BY		Form Approved. Budget Bureau No. 42-R1424
UNITED STATES R 21 1986 DEPARTMENT OF THE INTERIOR	5. LEASE NM-14206	
O. C. D. GEOLOGICAL SURVEY	6. IF INDIAN, A	LLOTTEE OR TRIBE NAME
TESIA SOFFICERY NOTICES AND REPORTS ON WELLS	7. UNIT AGREE	MENT NAME
(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.)	8. FARM OR LE	ASE NAME
1. oil gas well well well other	9. WELL NO.	
2. NAME OF OPERATOR Robert N. Enfield	10 5151 0 00 00	
3. ADDRESS OF OPERATOR P.O. Box 2431, Santa Fe, NM 87504-2431	10. FIELD OR WI Undesigna	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660' FNL & 1980' FWL of Sec. 12	11. SEC., T., R., AREA	M. OR BLK. AND SURVEY OR
AT SURFACE: AT TOP PROD. INTERVAL:		
AT TOTAL DEPTH:		PARISH 13 STATE
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO.	
	15. ELEVATIONS 3307.5 GL	(SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF Image: Constraint of the second seco	(NOTE: Report re	in the rest of the second of t
MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) YZYJOW JACKET TEST X	change of	Form.9-330.) The second s
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen On 3/7/86 made a trip for new bit at 4196'. this depth Tested all equipment with 3000#	t to this work.)*	give subsurface locations and
this depth. Tested all equipment with 3000# Tested Hydrill to 1500 PSIG for 10 minutes.		
ACCEPTED FOR RECORD ARE 18 1986	TT IS INVESTIGE	barqual of all training a sub- contraction of all training and an an- contraction of training and an
CARLSBAD, NEW MEXICO	•	to bar show a show a sh
Subsurface Safety Valve: Manu. and Type	200 201 21	
18. I hereby certify that the foregoing is true and correct SIGNED Ah, FAI, Charles TITLE Operator ROBERT N. Enfield		E Set @Ft. ₹ 22 10/86
(This space for Federal or State offi	ಕ	
APPROVED BY TITLE TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE	


