Form 9–331	
	Form Approved. <u>GN</u> Budget Bureau No. 42–R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE
GEOLOGICAL SURVEY	MM- 45227 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deeperce plug back to a dimeren reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas well other MAY 5.9 1000	Chevron Federal Comm.
well well other MAY 2 2 1986	9. WELL NO.
Robert N. Enfield O. C. D.	10. FIELD OR WILDCAT NAME MCHULAN-
3. ADDRESS OF OPERATOR	Undesignated Penn 153
P.O. Box 2431, Santa Fe, MM 87504-2431	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1835' FNL & 2310' FWL of Sec. 5	AREA 일일권북 등 문제문북
AT SURFACE:	Sec. 5, T19S, R27E
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE	14. API NO. 2014 0 100 000
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3280 GL
TEST WATER SHUT-OFF	의 문의 물 문제 중 2 문 대
FRACTURE TREAT	
REPAIR WELL	· · · · · · · · · · · · · · · · · · ·
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE	
ABANDON*	· · · · · · · · · · · · · · · · · · ·
(other) YELLOW DREAT TEST X	 Crostadia Crostadia
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinent 	all pertinent details, and give pertinent dates,
4/3/86 Drilled to a depth of 4061' and ra hours. Tested all equipment with 3000 PSI tested with 1500 PSIG.	IG except for Hydrillewhich was
ACCEPTED FOR RECORD	ເຊິ່ງ เ
Hu L	the state of the s
MAY 2 1 1986	
MAL 12 1 1 20 D	 Schovers Schovers<
CARLSBAD, NEW MEMICO	
Subsurface Safety Valve: Manu. and Type	toping Constraints and the second sec
18. I hereby certify that the foregoing is true and correct	
GIGNED Chat MI non TITLE Operator	DATE5/19/86
Robert W. Enfield.	
APPROVED BY	구성승육육, 위용, 위를 맞을
CONDITIONS OF APPROVAL, IF ANY:	
	그는것이라 그는 아랫구락
	and provide the set
*See Instructions on Reverse Sid	요금 200 월 200 월 201 년 201 년 de