(May 1963)	DEF		NITED STAT ENT OF THE		SUBMIT IN TRIPLICATE* (Other instructions on reverse side)	Form appro-Budget Bu 5. LEASE DESIGNATION	reau No. 42-R1424.
		GE	OLOGICAL SI	URVEY		NI-29826	
	CULIDAY				NI WELLC	6. IF INDIAN, ALLOT	TEE OR TBIBE NAME
(Do not			ES AND RE to drill or to dee ON FOR PERMIT-		ck to a different reservoir.		
OIL CAS OTHER						7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR						8. FARM OR LEASE N	IAME
Robert N. Enfield						Walters Federal	
3. ADDRESS OF						9. WELL NO.	
P. O. Box 2431, Santa Fe, NN 87504-2431 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface						10. FIELD AND POOL, OR WILDCAT	
	FNL & 990'	FEL of	Sec. 7		(). () (0) (\$755)√ (01.9€2	Undes Mcli 11. sec., T., R., M., o SURVEY OR AR	11an U.Penn (gas)
						Sec. 7, T1	9S, R27E
14. PERMIT NO.			15. ELEVATIONS (Show whether DF, RT, GR, etc.)				SH 13. STATE
			32,	71 ' CL		Eddy	NY1
16.	Ch	eck App	opriate Box To	Indicate No	ature of Notice, Report, or C	Other Data	
	NOTICE	OF INTENTIO	ON TO:		SUBSEQ	JENT REPORT OF:	
TEST WATE	R SHUT-OFF	PU	L OR ALTER CASIN	G	WATER SHUT-OFF	REPAIRIN	G WELL
FRACTURE 7	TREAT	мс	LTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING	CASING
SHOOT OR A	ACIDIZE	_ АВ.	ANDON*		SHOUTING OR ACIDIZING	ABANDON:	MENT*
REPAIR WEI	LL	сн	ANGE PLANS	. ——	(Other)	71/20/1/C/U	Page 2
(Other)					Completion or Recomp	of multiple completic letion Report and Log	form.)
	Went in hole	g this AM with con	apletion assemi	bl∈ as follov	overnight. Finished pullings; tested tubing above slips		
	(All tubing i	s new 2-	3/8", EU, 8rd	, 3-55, 4.7	#/ft.)		
	3		f tubing with a				97.45
					(2-3/8" X 4-1/2").		3.30 '
			78" J-55 tubi	-			4.00 '
			•	connector w	/ 1.625" profile		5.341
	238	Juints of	•				7721.99
	241	Total pri					7832.08
		KB to Ch					15.00
			of tail pipe set a				7847.08
	Set packer w	rith 1300)Oliba, compres	asion; presa	ure tested same with 1,50	O paig for 15 min	utes; ok.
	Displaced 3.	1 bbls. of	acetic acid wit	th 2常 KCE v	ree with wrap around in pla vater; no real pump-in rate 1 to insure sufficient daylig	established. Max	imum pressure
	Made six swi	ab runa; :	swabbing from	profile afte	r 5th run. Strong flow of g	as but too small to	measure.
18. I hereby co	they that the fo	regoing is	true and correct	그 내내% 여름	oad) SIFN @ 5:30 PM		•
SIGNED /	(alul V	1.	1.700				
(This space	for Federal or	State office	use)				
APPROVED CONDITION	O BY NS OF APPROV	AL. IF AN	Y:	T TLE		DATE	