

c/SF

UNI. STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to complete a well or to plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐

OCT 29 1984

O. C. D.
ARTESIA, OFFICE

2. NAME OF OPERATOR
Robert N. Enfield ✓

3. ADDRESS OF OPERATOR
P.O. Box 2431, Santa Fe, NM 87501

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE 1650' FS&EL, Section 18

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* Cosco ☒

(other) Wolfcamp completion attempt

5. LEASE

LC 065300

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bunel Federal ~~Not~~

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Indian Basin Upper Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 18, T21S, R23E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

4418' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. Set CIBP at 7100' KB; dump 35' cement on plug
2. Perforate Wolfcamp 6227'-34' K.B.
3. Acidize
4. Swab and/or flow test.
5. Run AOF test if productive; plug and abandon well if not.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Robert N. Enfield

TITLE Operator

DATE 8/27/84

Robert N. Enfield

(This space for Federal or State office use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY:

TITLE CARLEAS FLOODED AREA

DATE 10-26-84