GEOLOGICAL SURVEY  SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)  RECEIVE 7. UNIT AGREEMENT NAME  WELL W WELL OTHER  ROBERT N. Enfield  ADDRESS OF OPERATOR  P. O. BOX 2431, Santa Fe, New Mexico 87501  LIGATION OF WELL (Report location clearly and in accordance with any State requirements.* UFFICE  AFTESTA, UFFICE  Wildcat  11. SEC., T. R., M., OR BLE. AND  SURVEY OR AREA			7	
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Robert N. Enfield  Robert N. Enf	0.01		RECEIVE	7. UNIT AGREEMENT NAME
ACCRETE THE THE THE THE THE THE THE THE THE		OTHER		8. FARM OR LEASE NAME
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DATE SOLVE CONTROL OF STATE AND CONTROL OF STATE AN	AUDRESS OF OPERATOR			9. WELL NO.
PRINTER OF PRINTERS OF PRINTERS OF CREATIONS (Show whether BT, N. OR, etc.)  SCC. 19 T-22-S. R-26  Check Appropriate Sox To Indicate Nature of Notice, Report, or Orner Date  NOTICE OF INTENTION TO:  TEST WAYER SHOP-OFF  PRINTER THAN MICHIES CONFLICTS  WATER SHOP-OFF  REPAIRING VOICE  REPAIRING	LOCATION OF WELL (Report See also space 17 below.)	location clearly and in accordance with any		10. FIELD AND POOL, OR WINDOWS
Check Appropriate Sox To Indicate Nature of Notice, Report, or Other Data  Source of invention to:  Source of invention of actions  Source of inve		FEL		11. SEC., T., R., M., OR BLL. AND
Check Appropriate Sox To Indicate Nature of Notice, Report, or Other Data  SOMECO OF INTERTION TO:  THEST WATER SHUT-OFF PULL OF ALTER CASING MICHIGHT ON ACIDIZE HARDELT MICHIGHT COMPLIES HARDELT MATER SHUT-OFF BEDFAILING WELL HARDE SHATE CASING  WATER SHUT-OFF BEDFAILING WELL HARDELT CASING  ANABORNADERY HARDELT COMPLIES HARDELT REATHER THEATHER ANABORNADERY HARDELT CASING  ANABORNADERY HARDELT COMPLIES HARDELT CASING  ANABORNADERY HARDELT CASING  ANABORNADE	HED WIT NO	15 RIEVATIONS (Show whether Di	F. R.C. GR. etc.)	Sec. 19, T-22-S, R-26- 12. COUNTY OR PARISH 13, STATE
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PRACTURE TREAT  RIGOT OR ACIDIZE  RIGOT OR ACIDIZE  RIGOT OR ACIDIZE  CHANGE PLANS  CHANGE PLANS  (Other)  Lowering reports of completion operations (Clendy state all pertinent details, and give pertinent dates, including estimated date of starting proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones per near to this work.)*  Set 1 joint 12 3/4" 48#  10 Sacks cement circulated to surface  I hereby certify that the foregoing is true and correct signed  Title Operator  DATE 8/26/74  TITLE Operator  DATE  DATE	NOTICE	OF INTENTION TO:	SUBS	EQUENT REPORT OF:
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Other)  Competion or Recompletion of multiple completion on Well Completion for Recompletion Reports and Log forms.)  DESCRIBE PROPOSED ON COMPLETED OFFICE THE ACT OF STATE AND	SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
(Note:)  (No	REPAIR WELL	CHANGE PLANS	(Other)	
Describe increases on complete to present one content of the proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones purent to this work.)  Set 1 joint 12 3/4" 48#  10 Sacks cement circulated to surface  I bereby certify that the foregoing is true and correct  SIGNED  TITLE Operator  DATE 8/26/74  TITLE DATE  DATE  DATE	<u></u>		(Note: Report resu	lts of multiple completion on Well mpletion Report and Log form.)
TITLE Operator  (This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:				
APPROVED BY DATE	$M: \mathcal{M} \to \mathcal{M}$		perator	DATE 8/26/74
CONDITIONS OF APPROVAL, IF ANY:	(This space for Federal or	State office use)		
	APPROVED BY			DATE
	-CONDITIONS OF APPRO	VAL, IF ANY:		
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\*See Instructions on Reverse Side