

9/5F

UNITED STATES
DEPARTMENT OF THE INTERIOR
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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐

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: 200' FSL & 330' FEL of Sec. 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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>CASING REPORT (PRODUCTION) X</u>	

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.)*

On October 10, 1984, the above captioned well reached a total depth of 7600' K.B. 4-1/2", 11.60#/ft., J-55, LT&C casing was then run and cemented in place at 7600' K.B.

Cementing Detail:
Cemented with 450 sacks Halliburton Class "H" cement with 3/10 of 1% CFR-2, 6/10 of 1% Halad 22-A, 3# KCL/sk., 1/4# Flocele/sk. (1.18 cu. ft./sk., yield 15.6#/gallon weight). Displaced with 117 barrels fresh water, maximum pressure 1750 psig. Plug down at 7:00 AM October 12, 1984

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 10/24/84
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL OCT 29 1984

Carlsbad NEW MEXICO *See Instructions on Reverse Side

5. LEASE
NM-0424859

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Bunnel Federal

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Indian Basin Upper Penn

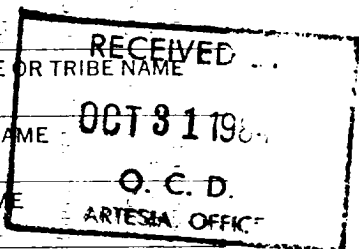
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 18, T21S, R23E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4075.5 GL



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

9/5F

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1. oil well ☐ gas well ☒ other ☐2. NAME OF OPERATOR
Robert N. Enfield3. ADDRESS OF OPERATOR
P.O. Box 2431, Santa Fe, NM 87501

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

AT SURFACE: 1200' FSL & 330' FEL of Sec. 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* ☐(other) DRILLING OPERATIONS + DST X5. LEASE
NM-0424859

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Bunnet Federal9. WELL NO.
210. FIELD OR WILDCAT NAME
Indian Basin Upper Penn11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 18, T21S, R23E12. COUNTY OR PARISH
Eddy13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4075.5 GL

RECEIVED BY

OCT 31 1984

O. C. D.

ARTESIA, OFFICE

(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.)*

October 7 through October 11, 1984

Drilled from 6500' - TD of 7600'. Formation lime and shale.

Last deviation survey 3° at 7585'.

DST No. 1 from 6402' - 6500'

Opn tool wofair blow decreased to weak blow at end of 30 " flow period. 90" ISIP, reopen for 60" final flow-no blow-close & open tool 4 times, no blow. FSIP 180".

Recovered 315' drilling fluid, 180' formation cut drilling fluid in drill pipe. Sample chamber: 35 PSIG - recovered 1900 CC water; .066 cu. ft. gas. Chlorides 20,000. Pressures: IHP 2984; FIF 81-270: ISIP 2406: Second Flow-no pressure

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 10/24/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

OCT 29 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side

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DEPARTMENT OF THE INTERIOR
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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

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: 200' FSL & 330' FEL of Sec. 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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) <u>DRILLING OPERATIONS</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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.)*

September 21 - 28, 1984:
Drilled from 1622' to 4488'. Formation Dolomite and limestone.
Last deviation survey 2-1/4° at 4488'.

September 29 - October 6, 1984
Drilled from 4488' to 6500'. Formation lime and shale.
Last deviation survey 3° at 6345'.

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 10/24/84

ROBERT N. ENFIELD (This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

OCT 29 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side

5. LEASE NM-0424859	RECEIVED BY OCT 31 1984 O. C. D. ARTESIA, OFFICE
6. IF INDIAN, ALLOTTEE OR INDIAN NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Bunel Federal	
9. WELL NO. 2	
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) 4075.5 GL	

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