| Form 9-331  | Form Approved.<br>Budget Bureau No. 42–R1424  | CISF           |
|---|---|----------------|
| UNITED STATES   | 5. LEASE  |                |
| DEPARTMENT OF THE INTERIOR  | NM-0424859  |                |
| GEOLOGICAL SURVEY   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |                |
| SUNDRY NOTICES AND REPORTS ON WELLS   | 7. UNIT AGREEMENT NAME OCT 31 19  |                |
| (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.)  | 8. FARM OR LEASE NAME O. C. D.<br>Bunnel Federal ARTESTA OFFIC  |                |
| 1. oil gas well other   | 9. WELL NO.   | ta ta viena da |
| 2. NAME OF OPERATOR V<br>Robert N. Enfield  | 10. FIELD OR WILDCAT NAME   |                |
| 3. ADDRESS OF OPERATOR  | Indian Basin Upper Penn   |                |
| P.O. Box 2431, Santa Fe, NM 87501   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR   |                |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17  | AREA  |                |
| below.)   | <u>Sec. 18, T215, R23E</u>  |                |
| AT SURFACE:200' FSL & 330' FEL of Sec. 18<br>AT TOP PROD. INTERVAL:   | 12. COUNTY OR PARISH 13. STATE   Fddy 3. 1  |                |
| AT TOTAL DEPTH:   | Eddy = 1 NM + + = 1   |                |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,   |   |                |
| REPORT, OR OTHER DATA   | 15. ELEVATIONS (SHOW DF, KDB, AND WD)<br>4075.5 GL  |                |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  |   |                |
| TEST WATER SHUT-OFF   | · · · · · · · · · · · · · · · · · · ·   |                |
| FRACTURE TREAT  | · · · · · · · · · · · · · · · · · · ·   |                |
|   | (NOTE: Report results of multiple completion or zone  |                |
| PULL OR ALTER CASING  | change on Form 9–330.)  |                |
| MULTIPLE COMPLETE   |   |                |
| ABANDON*  |   |                |
| (other) CASN & REPORT ( PRODUCTION ) X  | · · · · · · · · · · · · · · · · · · ·   |                |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statisticluding estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent | rectionally drilled, give subsurface locations and  |                |
| 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 cas<br>in place at 7600' K.B.   | The was then full and believed  |                |
|   | 2013년 201<br>1월 11일 - 1<br>11일 - 11일 - 11 |                |
| Cementing Detail:<br>Cemented with 450 sacks Halliburton Class "H"  | cement with 3/10 of 1%  |                |
| $CEP_2$ 6/10 of 1% Halad 22-A, 3# KCL/sk., $1/4$ #  | F]oce]e/sk. (1.18 Cu:   |                |
| f = f + /c k viold 15 6#/gallon weight). Displace   | d with 11/ Darreis Tresil   |                |
| water, maximum pressure 1750 psig. Plug down  | at 7:00 AM October 12, 1984   |                |
|   |   |                |
|   | 월 2011년 - 21월 21월 21월<br>1911년 - 21월 21월 21월 21일  |                |
|   | 한화관한 일이 문화 이용 환경 문화   |                |
| Subsurface Safety Valve: Manu. and Type   | Set @ Ft.   |                |
| 18. I hereby certify that the foregoing is true and correct   |   |                |
| SIGNED ALLED TECHOR RECORBILEOPERATOR   | DATE <u>10/24/84</u>  |                |
| RODERL N. ENTIRID (This space for Federal or State of   | fice use) 김 영국 김실 영국 전문 문문  |                |
| APPROVED BY TITLE   | DATE  |                |
| CONDITIONS OF APPROVALUE AND J JUH  |   |                |
|   | 금 2 위 <b>2 월</b> - 영 월 - 영원을 한  |                |
| Callebad NEW MEXICO See Instructions on Reverse   | 응용원로 한 유민물<br>Side  |                |

| Form 9-331 Drawer DD  | Form Approved.<br>Budget Bureau No. 42–R1424            | OJSE |
|---|---|------|
| Dec. 1973 Artesia, NUNPERLOSTATES<br>DEPARTMENT OF THE INTERIOR   | 5. LEASE<br>NM-0424859 RECEIVED BY                      | ··'] |
| GEOLOGICAL SURVEY   | 6. IF INDIAN, ALLOTTEE DR TRIBE NAME                    |      |
| SUNDRY NOTICES AND REPORTS ON WELLS   | 7. UNIT AGREEMENT N/ME<br>0. C. D.                      |      |
| (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.)  | 8. FARM OR LEASE NAME ARTESIA, OFFICE<br>Bunnel Federal |      |
| 1. oil gas X other  | 9 WELL NO.  |      |
| 2. NAME OF OPERATOR<br>Robert N. Enfield  | 10. FIELD OR WILDCAT NAME<br>Indian Basin Upper Penn    |      |
| 3 ADDBESS OF OPERATOR<br>P.O. BOX 2431, Santa Fe, NM 87501  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR             |      |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17  | Sec. 18, T21S, R23E                                     |      |
| below.)<br>At surface:200' FSL & 330' FEL of Sec. 18<br>At top prod. interval:  | 12. COUNTY OR PARISH 13. STATE                          |      |
| AT TOTAL DEPTH:   | 14. API NO.   |      |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,<br>REPORT, OR OTHER DATA  | 15. ELEVATIONS (SHOW DF, KDB, AND WD)<br>4075.5 GL      |      |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  |   |      |
| TEST WATER SHUT-OFF   | 가 한 편 위에 가 가 가 있었다.<br>이 신 원이 가 같은 것 같이 않는              |      |
| SHOOT OR ACIDIZE  | (NOTE: Report results of multiple completion or zone    |      |
| PULL OR ALTER CASING  | change on Form 9–330.) -                                |      |
| MULTIPLE COMPLETE   | · · · · · · · · · · · · · · · · · · ·                   |      |
| ABANDON*  | 이 아이는 지방을 수 있는 것이 없다.                                   |      |
| (other) DRILLING OPERATIONS + DST X   | in the set death, and give portional dates              |      |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat<br>including estimated date of starting any proposed work. If well is d<br>measured and true vertical depths for all markers and zones pertiner | rectionally drilled. give substitute locations and      |      |
| October 7 through October 11, 1984<br>Drilled from 6500' - TD of 7600'. Formation 1   | ime and shale.  |      |
| Last deviation survey 3° at 7585'.  |   |      |
| DST No. 1 from 6402' - 6500'  |   |      |
| Opn tool wofair blow decreased to weak blow at period. 90" ISIP, reopen for 60" final flow-n  | ; end of 30 "flow<br>no blow-close & open               |      |
| tool 4 times, no blow. FSIP 180".<br>Recovered 315' drilling fluid, 180' formation  | cut drilling fluid in drill                             |      |
| pipe. Sample chamber: 35 PSIG - recovered 190<br>Chlorides 20,000. Pressures: IHP 2984; FIF 81  | U CC water: .Ubb CU. TL. gds.                           |      |
| no pressure   |   |      |
|   |   |      |
| Subsurface Safety Valve: Manu. and Type   | Set @ Ft.   |      |
| 18. I hereby certify that the foregoing is true and correct   |   |      |
| SIGNED KULL N Enfield<br>ACCEPTED FOR RECORD (This space for Federal or State of  | DATE  |      |
|   |   |      |
| CONDITIONS OF APPROVAL, IF ANY:   | · · · · · · · · · · · · · · · · · · ·                   |      |
| OCT 2 9 1984  | · · · · · · · · · · · · · · · · · · ·                   |      |
| Carlabad NEW MEXICO *See Instructions on Reverse  | ರಲ್ ಕಾರ ನೇ ತಾಲ್ಲಿ<br>Side                               |      |

| Form 9-33114 OIL CONS. COMPILST N  | Form Approved.<br>Budget Bureau No. 42-R1424   | CISF                                  |
|--|--|---------------------------------------|
| UNITED STATES  | 5. LEASE   |                                       |
| DEPARTMENT OF THE INTERIOR   | NM-0424859   |                                       |
| GEOLOGICAL SURVEY  | 6. IF INDIAN, ALLOTTEE OR REGENTED B   | ſ                                     |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(Do not use this form for proposals to drill or to deepen or plug back to a different   | 7. UNIT AGREEMENT NAMEOCT 3 1 1984   |                                       |
| reservoir. Use Form 9–331–C for such proposals.)   | 8. FARM OR LEASE NAME O. C. D.   |                                       |
| 1. oil gas doubler   | Bunnel Federa ARTESIA, OFFIC   |                                       |
|  | 9. WELL NO. 2  |                                       |
| 2. NAME OF OPERATOR V/<br>Robert N. Enfield  | 10. FIELD OR WILDCAT NAME  |                                       |
| 3. ADDRESS OF OPERATOR   | Indian Basin Upper Penn  |                                       |
| P.O. Box 2431, Santa Fe, NM 87501  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR  |                                       |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17   | AREA   |                                       |
| below.)  | Sec. 18, T21S, R23E  |                                       |
| AT SURFACE:200' FSL & 330' FEL of Sec. 18<br>AT TOP PROD. INTERVAL:  | Eddy NM  |                                       |
| AT TOTAL DEPTH:  | 14. API NO.  |                                       |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  | · · · · · · · · · · · · · · · · · · ·  |                                       |
| REPORT, OR OTHER DATA  | 15. ELEVATIONS (SHOW DF, KDB, AND WD)  | i                                     |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:   | 4075.5 GL  |                                       |
| TEST WATER SHUT-OFF  |  |                                       |
|  | 가 있는 것 같은 것 같  |                                       |
| SHOOT OR ACIDIZE   | (NOTE: Report results of multiple completion or zone                                 |                                       |
|  | change on Form 9–330.)   |                                       |
|  | · · · · · · · · · · · · · · · · · · ·  |                                       |
| CHANGE ZONES   | · · · · · · · · · · · · · · · · · · ·  | ••                                    |
| (other) DRILLING OPERATIONS X  | · · · · · · · · · · · · · · · · · · ·  |                                       |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat  | e all pertinent details, and give pertinent dates                                    | · · · · · · · · · · · · · · · · · · · |
| 17. DESCRIBE PROPOSED ON COMPLETE OF THE OFFICIENCY OF A STATE | irectionally drilled, give subsurface locations and                                  | i                                     |
|  | · · · · · · · · · · · · · · · · · · ·  |                                       |
| September 21 - 28, 1984:<br>Drilled from 1622' to 4488'. Formation Dolomi  | te and limestone.  |                                       |
| Last deviation survey 2-1/4° at 4488'.   |  |                                       |
|  | 와 분수 있었다. 이 가 가 있었다.<br>제품은 정도 가 있는 것은 유럽 같이 있다.                                     |                                       |
| September 29 - October 6, 1984   |  |                                       |
| Drilled from 4488' to 6500'. Formation lime a  | Ind Shale.   |                                       |
| Last deviation survey 3° at 6345'.   |  |                                       |
|  | 신 3 년 20 년 20 · · · · · · · · · · · · · · · · · ·                                    |                                       |
|  | 이 이 이 이 이 이 이 이 이 있는 것을 가 있는 것을 가 있다.<br>이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이       |                                       |
|  |  |                                       |
|  | 방 한 10년 10년 10년 10년 10년 10년 11년<br>한 전 10년 20년 11년 11년 11년 11년 11년 11년 11년 11년 11년 1 |                                       |
| Subsurface Safety Valve: Manu. and Type  | Set @ F1   | •                                     |
|  | · · · · · · · · · · · · · · · · · · ·  |                                       |
| 18. I hereby certify that the foregoing is true and correct  |  |                                       |
| SIGNED / Wint VI Man TITLED perator  |  | -                                     |
| RODACE HILLIFLED & ECORPhis space for Federal or State of  |  |                                       |
| APPROVED BY HILO TITLE   | DATE   | -                                     |
| CONDITIONS OF APPROVAL IF ANY:<br>OCT 2 9 1984   | 은 것 않는 것 같 한 것 같은 것<br>응 성 방 의 그 것 같 것 않 것   |                                       |
| 001 4 3 1304   | 동안 전 명상 · · · · · · · · · · · · · · · · · ·  |                                       |
| $\hat{O}$  |  |                                       |
| and NEW MEXICO *See Instructions on Reverse  | Side   |                                       |