N. M. O. C. C. COPY

Capy to SF

| ، نيس س | arramenta Or AMÉ 11811 | on on verse side, | 5. LEASE DESIGNATION AND SERIAL ST |
|---|---|---------------------------------------|--|
| | GEOLOGICAL SURVEY | | NM-0443650 |
| 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.) | | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| OLL GAS OTI | HER | CECEIVE | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR | | OCT 1 9 1973 | 8. FARM OR LEASE NAME |
| Robert N. Enfield Address of OPERATOR | | 001171373 | Federal +-28 |
| P.O. Box 2431. Sa | anta Fe. N.M. 87501 | o. c. c. | 1 |
| See also space 17 below.) | anta Fe. N.M. 87501 tion clearly and in accordance with | any State Addition Ats. OFFICE | 10. FIELD AND POOL, OR WILDLAT |
| At surface 1980 | FSL & 330 FWL, Sec. | 28, T-24-S, R-28-E | Wildcat 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether | N N N N N N N N N N N N N N N N N N N | Sec. 28, T-24-S, R-28- 12, COUNTY OR PARISH, 13, STATE |
| 14. FERMIT NO. | | er Dr. Rr. GR. etc.) | |
| | Gr 3005 | | Eddy N.M. |
| Chec | k Appropriate Box To Indicat | e Nature of Notice, Report, o | r Other Data |
| NOTICE OF | INTENTION TO: | BEUR | SEQUENT REPORT OF: |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CASING X |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING | ABANDONMENT* |
| (Other) | CHANGE PLANS | (Other)(Note: Report res | ults of multiple completion on Well impletion Report and Log form.) |
| | oval given by Mr. Ja -40 ST & C R-2 @ 300'. calcium chloride. | | |
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| | | | |
| | | OCT 12'97. | |
| | | 007 12:97 | 3 |
| | | ARTESIA, NEW ME | Unyay Xiee |
| 8. I hereby carrify that the foreg | TITLE_ | Operator | DATE 10/10/73 |
| (This space for Rederal)or Sta | te office use) | | |
| APPROVED BY | TITLE _ | | DATE |
| CONDITIONS OF APPROVAL | , IF ANY: | | |
| OCT 2 | j' | | en de la companya de La companya de la co |

*See Instructions on Reverse Side