

Dec. 1973

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UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

DEC 24 10 20 AM '92

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 ☒ Shut-in Gas Well
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: 1980' FSL & 660' FWL of Sec. 20
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) shut-in gas well classification

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.)*

This is a shut in gas well with a SITP of 4100 psig. In 9/90 I requested that this be classified as a shut-in gas well (copy of sundry notice attached) Also at that time, Mr. Shannon Shaw requested that the casing be tested. This was done.

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 12/22/92

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY David H. Shaw TITLE _____ DATE _____CONDITIONS OF APPROVAL 2 1993

NEW MEXICO

*See Instructions on Reverse Side

Form Approved.
Budget Bureau No. 42-R14245. LEASE
NM 0476505

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Cottonwood Draw8. FARM OR LEASE NAME
Cottonwood Draw

9. WELL NO.

1

10. FIELD OR WILDCAT NAME
Wildcat (Strawn)

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

Sec. 20, T-25-S, R-27-E

12. COUNTY OR PARISH
Eddy13. STATE
NM

14. API NO.

30-015-21530

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3146' GR, 3162' K.B.

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