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N.M.O.C.D. COPY
NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

JUL 16 1981

O. C. D.

ARTESIA, OFFICE

5a: Indicate Type of Lease State <input type="checkbox"/> USA <input type="checkbox"/>
5. State Oil & Gas Lease No. NM 39953

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER -	7. Unit Agreement Name
2. Name of Operator Robert N. Enfield /	8. Farm or Lease Name Pecos River Bluff Unit
3. Address of Operator P. O. Box 2431, Santa Fe, New Mexico 87501	9. Well No. 1
4. Location of Well UNIT LETTER H , 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 13 South RANGE 27 East NMPM.	10. Field and Pool, or Wildcat Wildcat Ellenburger
15. Elevation (Show whether DF, RT, GR, etc.) 3499.1 G.R.	12. County Chaves

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

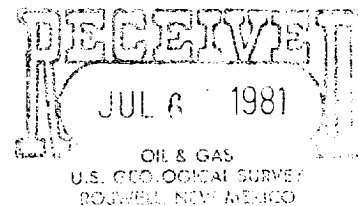
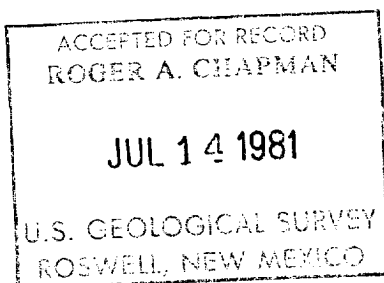
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Weekly report <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) SEE RULE 1103.

As of June 23, 1981 the captioned well was drilling at 5632' in limestone.
Deviation survey at 5290 - 1/2°.
Sample top wolfcamp 5570' - no fluid loss



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *Robert N. Enfield* TITLE Operator DATE 7/1/81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: