Form Approved

Artestia, IN STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

	-	Budget Bureau No. 42-R1424
1	5.	LEASE NM-39953
	6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
t	7.	UNIT AGREEMENT NAME Pecos River Bluff Unit
-	8.	FARM OR LEASE NAME Pecos River Bluff Unit
<u>.</u>	9.	WELL NO.
_		FIELD OR WILDCAT NAME
_		Wildcat SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	12.	Sec. 8, T-13-S, R-27-E COUNTY OR PARISH 13. STATE
		Chaves NM API NO.
	15.	ELEVATIONS (SHOW DF, KDB, AND WD) 3499 GR

SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to be been or plug back reservoir. Use Form 9-331-C for such proposals (1. oil well \mathbf{K} 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: 1980' FNL & 660' FEL of Sec. 8 AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)

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.)*

8/21/81 Lowered tubing to 600', pumped 30 bbl. water to establish circulation Well on vacuum. Pumped 20 sx. Class "C" w/2% CACL2/sk. Moved tubing to 506'. Pumped 20 bbl. water, well on slight vacuum. Pumped 20 sx. Class "C" cement w/2% CACL2/sx., with 100# cotton seed hulls. Moved tubing to 288', pumped 20 sx. Class "C" cement w/2% CACL2/sx. & 100# cotton seed hulls. Pressure was 500#, fell to 100# & held. Waited 2 hrs., tagged top of cement with tubing at 435'. Put 10' cement plug on top of 9-5/8" casing. Job complete 8/21/81.

Subsurface Safety Valve: Manu. and Type ____ Set @ _ 18. I hereby certify that the foregoing is true and correct Operator SIGNED _ __ DATE __ (This space for Federal or State office use) TITLE _ DATE **SEP 1 6 1982** JAMES A. GILLHAM See Instructions on Reverse Side DISTRICT SUPERVISOR