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ARTESIAN OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPIES OF
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

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: 50' FS & EL, Sec. 18
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
PULL OR ALTER CASING
MULTIPLE COMPLETE
CHANGE ZONES
ABANDON*
(other)

SUBSEQUENT REPORT OF:

5. LEASE
LC 085300
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Bunnel Federal *Tru Corn*
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Indian Basin Upper Penn
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 18, T21S, R23E
12. COUNTY OR PARISH 13. STATE
Eddy NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4418' GL

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

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.)*

1. Set CIBP at 6190' w/50' cement on top. Circ. hole w/9.5#/gal. salt water mud.
2. Determine casing free point (4-1/2") cut off and/or back off approx. 5600'.
3. GIH w/tubing to approx. 5675' KB (75' into 4-1/2" stub). Pump 75 sx plug. Pump plug down w/9.5#/gal. salt water mud.
4. WOC, verify 5650' plug.
5. Pump 65 sx plug at 5280' KB. Top of Wolfcamp formation
6. Pump 65 sx plug at 2830' KB. Top of Bone Springs formation.
7. Pump 65 sx plug at 1855' KB. Top of Gloriette formation.
8. Pump 100 sx plug at 1632' KB. 8-5/8"(sq. set @ 1532' KB) Verify plug by tagging.
9. Pump 45 sx plug at 222' KB.
10. Pump 25 sx plug from 0'-50' KB.
11. Cut-off and install dry hole marker, clear & level location as required

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED *Robert N. Enfield* Operator DATE 12/11/84
Robert N. Enfield (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 12 20 84
CONDITIONS OF APPROVAL, IF ANY: