

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. H. H. 0003. COMMISSION

P. O. BOX 1918

SUBMIT IN TRIPlicate 02240
(Other instructions on re-verse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-15895
2. NAME OF OPERATOR Robert N. Enfield		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 2431, Santa Fe, NM 87504-2431		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Sec. 3, T-9-S, R-31-E 1980' FSL x 990' FWL		8. FARM OR LEASE NAME Carson Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4277.5 GR		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T-9-S, R-31-E
		12. COUNTY OR PARISH Chaves
		13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Recompletion attempt	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

June 1, 1987: Rigged-up workover equipment and began recompletion operations.

- Set a CIBP @ 9,350' KB; dumped 35' of cement on top (P/A perforations 9,403-9,426' KB).
 - Perforated Wolfcamp 7742'-7747', 7761'-7766', 7781'-7786' KB (15-0.57" holes)
 - Acidized with 250 gal. 10% acetic & 3000 gal. of 15% NEFE acid.
 - Subsequent swab tests recovered a trace of oil and gas with formation water.
- Final completion activities undertaken June 8, 1987.

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

SIGNED Robert N. Enfield
(This space for Federal or State office use)

TITLE Operator

DATE 6/18/87

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
PETER W. CHESTER

DATE

JUL 28 1987

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side