

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

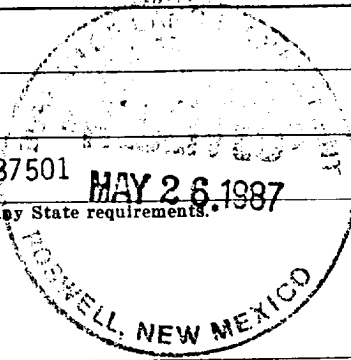
SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		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, New Mexico 87501		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 X990' 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 New Mexico	



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

NOTICE OF INTENTION TO:

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 checked="" type="checkbox"/> PB or P/A	

SUBSEQUENT REPORT OF:

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 type="checkbox"/>	

(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.) *

The formation in which the well is currently completed has depleted; bottom hole pressure test dated 3/20/87 indicated a BHP of 654 psia after being shut-in for appx. two weeks.
Operator plans to set a CIBP @ appx. 9,350'KB with 35' of cement on top to plug the existing zone. Several zones in the Wolfcamp formation between 7,700' & 7,800'KB will be perforated and treated.
Swab and/or flow tests will be undertaken to determine the nature and rate of production, if any.
Should this new zone prove non-productive, the well will be plugged and abandoned as follows

CIBP @ 7,650'KB with 35sx cement on top.
150' cement plug from 6,915' to 6,765'KB
Cut and pull casing from appx. 5,600'KB (est. top of cement @ 5,625'KB)
150' cement plug from appx. 5,675' to 5,525'KB; tag plug.
100' cement plug from appx. 3,550' to 3,450'KB; tag plug.
100' cement plug from appx. 537' to 437'KB
50' cement plug from 50'KB back to surface.
Install dry hole marker
Rip road and location and re-sod as required
*Note: General P/A procedure discussed with Mr. Peter Chester, 4/10/87
WE would like to start field operations on or about May 25, 1987.

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

SIGNED Kendy M. Anally TITLE Agent DATE 5/21/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
DATE
PETER W. CHESTER

MAY 29 1987

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA