

N. M. OIL CONS. COMMISSIO
UNITED STATES P. O. BOX 1080
DEPARTMENT OF THE INTERIORS, NEW MEXICO 88240
GEOLOGICAL SURVEY

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Robert N. Enfield</p> <p>3. ADDRESS OF OPERATOR P. O. Box 2431 Santa Fe, New Mexico 87501</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 990' FWL of Sec. 3</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4277.5 GR</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-15895</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Carson Federal</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T-9-S, R-31-E</p> <p>12. COUNTY OR PARISH Chaves</p> <p>13. STATE New Mexico</p>
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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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Production Casing report</u> <input checked="" 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.)*

CASING DETAIL (BOTTOM TO TOP): Operations began on October 9, 1985.

1 - Western type guide shoe	1.00'
1 - Joint 4-1/2", 11.60#/ft., N-80, LT&C casing	41.67'
1 - Western type float collar	.80'
228 - Joints 4-1/2", 11.60#/ft., N-80, LT&C casing	9609.13'
229 - Joints total	9652.60'
	17.60'
K.B. to G.L. Casing set at	9670.20' K.B.

NOTE: 1.) Plug back depth after spotting cement plug at 10,300' 10,050.00' K.B.
2.) Guide shoe set at 9669.20' K.B.
3.) Float collar set at 9626.73' K.B.
4.) Ran 35 Western type centralizers as follows:

- a.) 12 centralizers from 9670' - 9200'.
- b.) 6 centralizers from 9200' - 7940'.
- c.) 8 centralizers from 7940' - 7600'.
- d.) 9 centralizers from 7600' - 6800'.

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

SIGNED Sheryl A. Cook

TITLE Agent

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

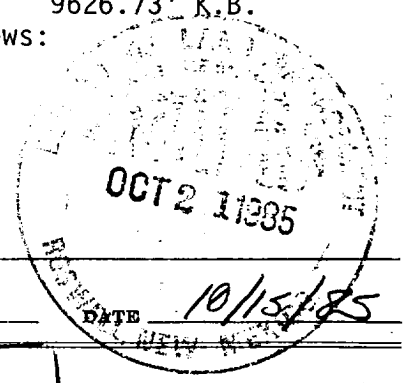
ACCEPTED FOR RECORD
PETER W. CHESTER

DATE 10/15/85

OCT 23 1985

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROS WELL RESOURCE AREA



RECEIVED

OCT 24 1985

G. C. H.
HOBBS OFFICE