

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

SINGLE  
ZONE ☒

MULTIPLE  
ZONE ☐

2. NAME OF OPERATOR

ROBERT N. ENFIELD

3. ADDRESS OF OPERATOR

P. O. BOX 2431, SANTA FE, NEW MEXICO 87501

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*  
At surface

1980' FSL AND 990' FWL OF SECTION 3

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

12 MILES NORTH-NORTHWEST OF CAPROCK, NEW MEXICO

15. DISTANCE FROM PROPOSED\*  
LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drlg. unit line, if any)

660'

16. NO. OF ACRES IN LEASE

440

17. NO. OF ACRES ASSIGNED  
TO THIS WELL

40

18. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

1650'

19. PROPOSED DEPTH

10,800'

20. ROTARY OR CABLE TOOLS

ROTARY

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

4277.5' GL

22. APPROX. DATE WORK WILL START\*

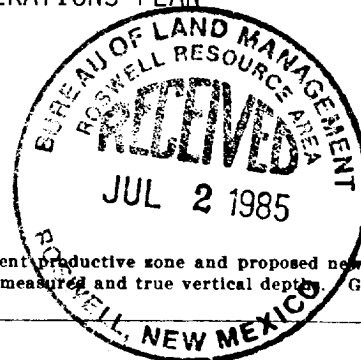
UPON APPROVAL

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17-1/2"	13-3/8"	48#	450'	SUFFICIENT TO CIRCULATE
11"	8-5/8"	24# & 32#	3500'	SUFFICIENT TO CIRCULATE
7-7/8"	5-1/2"	17#	10,800'	700 SACKS

AFTER SETTING PRODUCTION CASING, THE PAY ZONE WILL BE PERFORATED  
AND STIMULATED AS NECESSARY.

SEE ATTACHED FOR: SUPPLEMENTAL DRILLING DATA  
BOP SKETCH  
SURFACE USE AND OPERATIONS PLAN



IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

Arthur K. Brown

TITLE

Agent

DATE

6-28-85

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

Clark A. Taylor

TITLE

Acting Area Manager

DATE

8-8-85

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions On Reverse Side