

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 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 87504

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL, 1980' FWL Sec. 30, T18S,
AT TOP PROD. INTERVAL: R33E
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) <u>site diagram</u>			

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.)*

See attached.

5. LEASE

LC 069276

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hudson Federal

9. WELL NO.

No. 2

10. FIELD OR WILDCAT NAME

Undes. S. Corb in MR for.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 30, T18S, R33E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

30-025-25310

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

SEP 3 11 03 AM '93
RECEIVED

- 3 1993

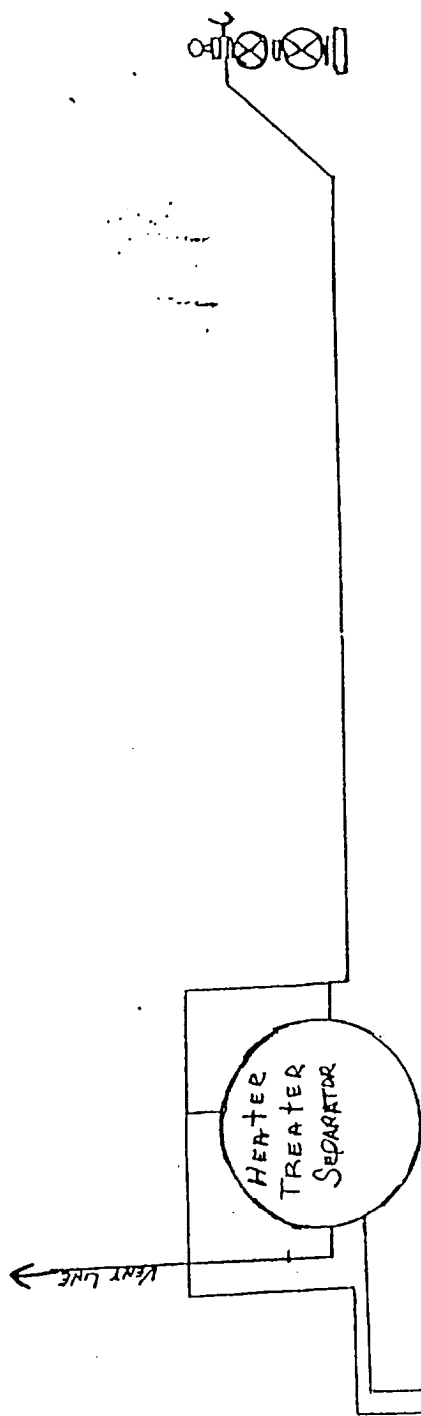
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Robert N. Enfield TITLE Operator DATE August 23, 1993

(This space for Federal or State office use)

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



SITE DIAGRAM

Hudson Federal No. 2
 Sec. 30, T-18-S, R-33-E
 Lea County, New Mexico
 LC - 069276

X - VALVE

PRODUCTION PHASE

- | | |
|---|-----------------|
| 1 | CLOSED + SEALED |
| 2 | CLOSED + SEALED |
| 3 | CLOSED + SEALED |
| 4 | OPEN |
| 5 | CLOSED + SEALED |
| 6 | OPEN |
| 7 | CLOSED + SEALED |

SALES PHASE

- | | |
|---|----------------------|
| 1 | CLOSED + SEALED |
| 2 | CLOSED + SEALED |
| 3 | CLOSED + SEALED |
| 4 | OPEN (EQUALIZE LINE) |
| 5 | OPEN (TO PIPE LINE) |
| 6 | CLOSED + SEALED |
| 7 | CLOSED + SEALED |