

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N.M. ON
SUBMIT IN TRIPLIC
(Either in original or
in duplicate)
COMMISSION
P.O. BOX 1800
HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-069276

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

HUDSON FEDERAL

9. WELL NO.

No. 3

10. FIELD AND POOL, OR WILDCAT

UNDES. SO. CORBIN MORROW GAS

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

19. T-18-S, R-33-E

12. COUNTY OR PARISH

LEA

13. STATE
NEW MEXICO

1. OIL WELL ☐ GAS WELL ☒ OTHER

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.
See also space 17 below.)
At surface

660' FSL & 2310' FEL OF SECTION

14. PERMIT NO.

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

3793.7 GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐
(Other) ☒

(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.)

8/18/89: See attached Field reports on DST's #1, #2, and #3.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS
CONDITIONS OF APPROVAL, IF ANY:

DATE

CARISBAG 8/21/89 *See Instructions on Reverse Side

RECEIVED