

Form 3160-5  
(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL. (TE)  
(Other instructions on re-  
verse side)

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-069276
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  1700' FSL 7 2310' FWL of Sec. 29	8. FARM OR LEASE NAME Hudson Federal
	9. WELL NO. 7
	10. FIELD AND POOL, OR WILDCAT Undes. Buffalo Queen
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-18-S, R-33-E
14. PERMIT NO.	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3762.0' GR	13. STATE N.M.

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 type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Completion Operations <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 data, 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.)\*

Completion operations began October 30, 1991.  
Pressure tested casing by tubing to 1000 psig for 15 minutes.  
Spotted 250 gallons 10% Acetic Acid.  
Perforated Penrose Sand with 3 1/2" select fire casing gun 2 SPF 4391'; 4396'; 4401'; 4410'; (10 holes)  
Acidized with 1000 gallons MOD 101 Acid.  
Fraced with 19,700 gallons Viking 130 with 34,740# 20/40 and 8750# 16/30 Ottawa sand.  
Swab tested well.  
Placed well on pump November 15, 1991.

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

SIGNED James F. Edwards TITLE Agent for Robert N. Enfield DATE November 19, 1991

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

... for any person knowingly and willfully to make to any department or agency of the