Form	9-331
(May	1963)

(Do n

2. NAME OF OPERATOR

WELL X

UN . ED STATES DEPARTMENT OF THE INTERIOR Verse

MIT IN ABOL D.	Budget thereau (vo. 4)
er instructions re- e side)	5. LEASE DESIGNATION AND SERIAL
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20140K1 HOLICES	AND REPORTS ON WELLS drill or to deepen or plug back to a different reservoir. FOR PERMIT—" for such proposals.)
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use this form for proposate to	FOD DERMIT—" for such proposals.)
Use "APPLICATION	FOR I BIGHT

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_	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME
_	8. FARM OR LEASE NAME
	Cotter-Federal
	9. WELL NO. 1 10. FIELD AND POOL, OR WILDCAT
	1 1121 4 4 4 4

Rob	ert	N.	Enfield	
3. ADDR	ESS OF	OPE	RATOR	

GAS WELL

P.O. Box 2431, Santa Fe, New Mexico 87501

OTHER

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

1980 FEL & 660 FNL

Wildcat

11. SEC., T., E., M., OR BLK. AND
SURVEY OR AREA Sec. 1 T-22-S, R-33-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3478.8 GR

12. COUNTY OR PARISH 13. STATE

16.

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

Gilleon Cappy			SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON®		WATER SHUT-OFF REPAIRING WELL	X.	
RHOOT OR ACIDIZE REPAIR WELL	CHANGE PLANS		(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 gones pertinent to this work.)*

Set 7 joints 16" 54# at 300' with 400 sacks cement 2% CaCl Cement circulated

ACCEPTED FOR RECORD 18. I hereby certify that the foregoing is true and correct 7/11/74 Operator DATE _ TITLE (This space for Federal or State office use) U. S. GEOLOGICAL SURVEY DATE TITLE APPROVED BY *See Instructions on Reverse Side CONDITIONS OF APPROVAL, IF ANY: