

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0107104-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ G/S WELL ☐ OTHER

2. NAME OF OPERATOR

Robert H. Enfield

3. ADDRESS OF OPERATOR

Box 807

Roswell, N.M.

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Livaudais Fed.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Dollarhide

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

18-24S-R33E

14. PERMIT NO.

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

3183

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

1. A 25 sx plug was spotted to cover all perforations.
2. Hole was loaded with mud.
3. A 25 sx plug was spotted at stub of 2 7/8 (2700').
4. A 25 sx plug was spotted at 1200' top of salt.
5. A 25 sx plug was spotted at 325 - base of surface.
6. A 10 Sx plug was spotted in top with regulation marker.

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

HOBBS PIPE & SUPPLY

SIGNED

TITLE Asst. Mgr.

DATE 10-4-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

*See Instructions on Reverse Side

BORDON
ACTING DISTRICT ENGINEER