

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

STANDARD FORM NO. 100  
MAY 1962 EDITION  
GSA GEN. REG. NO. 100

1. NAME OF WELL  
2. IF INDIAN, ADDRESS OF THE NAME

SUNDY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to develop or lease lands or a different reservoir.  
See APPLICATION FOR PERMIT for such proposals.)

NAME OF WELL  
OTHER

Robert H. Engfield

ADDRESS OF WELL

Box 307 Roswell, N.M.

1. LOCATION OF WELL (Show location clearly and in accordance with any State requirements.  
2. IF INDIAN, ADDRESS OF THE NAME

330 PSI & 330 PSI

1. LOCATION NO.

1. LOCATION NO. (If not, give name of well.)

3182 DP

1. LOCATION NO. (If not, give name of well.)

Box

3182 DP

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

NATURE OF INTENTION TO:

1. NEW NOTICE REPORT

2. EXTENSION OF WELL

3. CLOSURE OF WELL

4. CHANGE WELL

5. OTHER

6. FULL OR PARTIAL CLOSURE

7. MULTIPLE COMPLETION

8. ABANDON\*

9. CHANGE PLANT

SUBSEQUENT ACTION OF:

1. STOP OPERATIONS

2. PARTIAL TREATMENT

3. SUGGESTION OR ACTION

(Other)

4. STOPPING WELL

5. ALTERING CLOSURE

6. ABANDONMENT\*

(Do not forget to indicate complete or partial completion of well.)

10. SIGNATURE OF PERSON IN CHARGE OF OPERATIONS (Check all pertinent entries, and give pertinent data, including estimated cost of drilling and completion work, if well is directionally drilled, give subsurface locations and measured and true vertical depths for all intervals and total well from surface to well.)

1. 100' plug from 2897 to 3797 to cover all perforations.
2. load hole with mud.
3. 25 5/8 at stub of 2 7/8 tubing
4. 25 5/8 at top of salt 1200'.
5. 25 5/8 at base of surface at 325'.
6. 100k in top with regulation marker.

11. SIGNATURE OF PERSON IN CHARGE OF OPERATIONS

ROBERT H. ENGFIELD

12. SIGNATURE OF PERSON IN CHARGE OF OPERATIONS

(If not, give name of well.)

(If not, give name of well.)

13. SIGNATURE OF PERSON IN CHARGE OF OPERATIONS

(If not, give name of well.)

(If not, give name of well.)

14. SIGNATURE OF PERSON IN CHARGE OF OPERATIONS

(If not, give name of well.)

(If not, give name of well.)

15. SIGNATURE OF PERSON IN CHARGE OF OPERATIONS

(If not, give name of well.)

(If not, give name of well.)

APPROVED

OCT 8 1967

J. L. GORDON  
ACTING DISTRICT ENGINEER