

UNITED STATES <sup>N. M. O. C. C.</sup>  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form approved  
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection Well</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC 028936-D</u>
2. NAME OF OPERATOR <u>ANADARKO PRODUCTION COMPANY</u> ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 67, Loco Hills, New Mexico 88255</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u> <u>1650' FNL &amp; 750' FWL</u> <u>Section 31, T-17S, R-30E</u> <u>Eddy County, New Mexico</u>		8. FARM OR LEASE NAME <u>Federal L</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3562</u>	9. WELL NO. <u>5</u>
		10. FIELD AND POOL, OR WILDCAT <u>Loco Hills</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>31-17S-30E</u>
		12. COUNTY OR PARISH <u>Eddy</u>
		13. STATE <u>New Mex.</u>

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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 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.) \*

This water injection well has been temporarily abandoned since May 1971. We are in the process of re-completing most of these wells in Section 31 to produce from the Premier. This well will be plugged over and reactivated as a Premier production well during 1976.

RECEIVED

OCT 23 1975

O. C. C.  
ARTESIA, OFFICE

RECEIVED

OCT 20 1975

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED George L. Linn TITLE Petroleum Engineer DATE Sept. 30, 1975

(This space for Federal or State office use)

APPROVED BY  
OCT 22 1975  
J. L. BECK  
ARTESIA, NEW MEXICO

UNLESS FURTHER APPROVED, WELL MUST  
BE PUT TO BENEFICIAL USE OR PLUGGED BY  
OCT 1 - 1976

\*See Instructions on Reverse Side