

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> X - Water Injection Well		5. LEASE DESIGNATION AND SERIAL NO. N. M. 074937
2. NAME OF OPERATOR Anadarko Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Drawer 130, Artesia, New Mexico 88210		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 660' FSL & 660' FEL		8. FARM OR LEASE NAME Federal KK
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3738' GL	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Square Lake-Grayburg-SA
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3 - 17S - 30E
		12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

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 COMPLETION <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"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/>	Repair Casing <input checked="" type="checkbox"/> X	(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).*

Note: This Federal WIW recently failed NMOCD scheduled "Casing Integrity Test". This work is scheduled to satisfy Mike Williams' (NMOCD) letter to Anadarko dated June 6, 1985 requesting that repairs be made within 30 days.

- Rig up pulling unit; pull tubing and packer.
- Use packer & retrievable bridge plug to determine the general condition of the casing (location & extent of holes).
- We will then consult with NMOCD representative to determine a satisfactory method of repair (which probably will consist of one or more of the following):
 - Back off casing and replace upper joints if hole is shallow.
 - Circulate cement or cement squeeze casing if replacement isn't practical.
 - Cement another string of casing in the well after determining the Salt to be isolated.

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

SIGNED [Signature] TITLE Area Supervisor DATE June 11, 1985

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE 6-27-85

CONDITIONS OF APPROVAL, IF ANY: _____

Subject to
Like Approval
by State

*See Instructions on Reverse Side