

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
Other instruct on reverse side

Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

N. M. 074937

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED BY

(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.)

AUG 15 1985

O. C. D.
ARTESIA, OFFICE

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> - Water Injection Well		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Anadarko Petroleum Corporation		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Drawer 130, Artesia, New Mexico 88210		8. FARM OR LEASE NAME Federal KK
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		9. WELL NO. 1
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3738' GL	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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Re-establish casing integrity	

(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 work done to satisfy Mike Williams' (NMOCD) letter to Anadarko dated June 6, 1985 requesting repairs be made within 30 days.

1. Rigged up pulling unit; tripped out of hole with tubing and injection packer.
2. Ran RBP & pkr on 2-7/8" work tb; found holes in 4 1/2" casing from 524' to 328'.
3. Rigged up Rotary Wireline; shot casing collar @ 377'; TOH with 377' 4 1/2" casing.
4. WIH with washpipe; washed over 4 1/2" casing to 690'.
5. WIH with 377' casing; screwed into 4 1/2" casing @ 377'; shot casing collar @ 600' and tripped out of hole with same.
6. WIH with 19 jts (603') 4 1/2", 10.5#, 8Rd, ST&C, Cond A casing; attempted to load casing; possible split in casing.
7. Established 4 1/2" casing freepoint @ 632'; unscrewed casing @ 632 & TOH with same; found split in casing @ 601'.
8. Ran 4 1/2" casing & screwed into collar @ 632'.
9. Set RBP @ 2880'; tested casing to 500# - held O. K.
10. Hydrotested 4 1/2" Johnson 101-S Inj. pkr in hole on 96 jts 2-3/8" plastic lined tubing; circulated hole with packer fluid; set packer @ 2877' GL; tested casing to 500# - held. O. K.
11. Rigged down pulling unit; returned well to water injection.

Note: Procedure witnessed by B. W. Weaver.

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

SIGNED Truman D. Jones TITLE Field Foreman DATE August 13, 1985

(This space for Federal or State office use)

APPROVED BY Record Only TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side