

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC 029342 (b)

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.)

7. UNIT AGREEMENT NAME

1. OIL WELL GAS WELL OTHER

8. FARM OR LEASE NAME
Loco Hills Federal B

2. NAME OF OPERATOR
Anadarko Production Company

9. WELL NO.
1-8

3. ADDRESS OF OPERATOR
Box 67 Loco Hills, New Mexico 88255

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson

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
Sec. 9, T 17 S, R 30 E
Eddy County, New Mexico**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
9-17-30

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3685 GL

12. COUNTY OR PARISH 13. STATE
Eddy 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 checked="" 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 checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <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.)*

Spudded on re-entry on 6-25-72. Drilled out cement plugs to TD 2862. Ran 5 1/2" 14# casing, set at 2860, cemented with 450 cx. Class C-Pozmix, 2% gel, 8# salt/sk. Let cement set 72 hours, perforated Seven Rivers zones 1744-48, 1902-14, 1930-34, 1940-42, 1968-72. Treated each interval with 500 gal 15% HCl acid, swabbed back acid water & tested well. Well tested 295 Mcf/day gas through 3/4" orifice with 12 psi tubing pressure. Gas analysis indicated gas to be 60% nitrogen. Will proceed with perforation and stimulation of Grayburg zones.

RECEIVED

AUG 1 1972

O. C. C.
ARTESIA, OFFICE

RECEIVED
JUL 31 1972
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Original signed by D. R. Layton TITLE Area Supervisor

DATE 7-14-72

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DISTRICT ENGINEER

TITLE

DATE JUL 31 1972