

COPY TO U.S.G.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 065658

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.)

RECEIVED
JUN 8 1981
U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

1. OIL WELL GAS WELL OTHER Water Injection Well

2. NAME OF OPERATOR
Anadarko Production Company

3. ADDRESS OF OPERATOR
P.O. Box 805 Eunice, New Mexico 88231

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
330' FSL & 330' FEL
Sec 10 T 20S R 33E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3564' GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Teas Yates Unit

8. FARM OR LEASE NAME
Tract 14

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Teas Yates

11. SEC., T., R., N., OR BEK. AND SURVEY OR AREA
Sec 10 T 20S R 33E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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 checked="" 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.)*

- RUPU. TOH w/2-7/8" tbg & Reda Pump 4-28-81.
- Nippled Up & set BOP. TIH w/4-3/4" bit.
- CO from 2023' to 3071' inside 5 1/2" csg. TOH w/bit.
- TIH w/4-3/4" bit. Bit stopped @2504'. TOH w/bit.
- TIH w/3-7/8" bit. CO to 3070'.
- RU Halliburton, pumped 310 sx brine gel w/10# brine @rate of 60 sx per 100 bbis brine.
- Using 1665 sx cement, set one continuous cement plug from 3071' back to surface.
- Set P & A marker 5-27-81.
- Surface restoration is scheduled to be done by 6-15-81. The proper authority will be notified when surface restoration is completed.

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

SIGNED [Signature] TITLE Area Supervisor DATE June 5, 1981

APPROVED
(Orig. Sgd.) **PETER W. CHESTER**

APPROVED BY _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:
MAY 12 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

RECEIVED
MAY 13 1992
O.C.D.
HOBBS OFFICE