

UNITED STATES
DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other Water Injection Well

2. NAME OF OPERATOR
Anadarko Production Company

3. ADDRESS OF OPERATOR
P.O. Box 806 Eunice, New Mexico 88231

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 330' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
~~XXXXXX~~ ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Plus clean out.

XX SUBSEQUENT REPORT OF

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RECEIVED

MAY 13 1983

OIL & GAS

ROSWELL, NEW MEXICO

5. LEASE

LC 064975

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Teas Yates Unit

8. FARM OR LEASE NAME

Tract 2

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Teas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 13, Twp 20S, Rq 33E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3599' - GR

Report results of multiple completion or zone change on Form 9-330.)

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.)*

1. RUPU. Released RRR & TOH w/phr & 2-3/8" Salta tbg.
2. TIH w/bit. CO to 3512'. TOH w/bit. TIH w/treating phr.
3. RU B.J. Hughes. Acidized w/5000 gals 20% NE FE acid & 600# rock salt as blocking agent. Flushed w/50 bbls 2% KCL fluid. ISIP 1880# psi. TOH w/treating PKR.
4. TIH w/4 1/2" Uni-1 Guiberson Inj. Phr. on 107 jts of 2-3/8" Salta lined tbg. Circ Phr fluid. Set Phr @ 3225'.
5. Resumed water injection 3-1-83.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Original Thomas O. Smith TITLE Field Foreman DATE May 9, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

ROP

AUG 23 1983