

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 23, Twp 20S, Rg 33E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3599' GR

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 well  gas well  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:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other)	

RECEIVED

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

DEC 2 1982

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. Release PKR & TOH w/ PKR & 2-3/8" Salta Lined Tbg.
2. TIH w/bit. CO to 3535'. TOH w/bit.
3. TIH w/treating PKR. Set @ 3250'. Pump 350 gals Xylene. Shut In over night. Acidize w/5000 gals 20% NE-FE Acid in three stages. Over flush w/50 bbls 2% KCL fluid. TOH w/treating PKR.
4. TIH w/Injection PKR on 2-3/8" Salta Lined Tbg. CircPKR fluid. Set PKR @ 3250'.
5. Put back on injection. RDPU.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED James A. Gillham TITLE Production Foreman DATE Dec. 1, 1982

APPROVED (This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

DEC 8 1982  
FOR  
JAMES A. GILLHAM  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side