

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

1
SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved
Budget Bureau No. 42-81421

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3. LEASE DESIGNATION AND SERIAL NO. LC-065653
2. NAME OF OPERATOR ANADARKO PRODUCTION COMPANY		6. IF INDIAN, ALIQUOT OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 806, Eunice, New Mexico 88231		7. UNIT AGREEMENT NAME Teas Yates Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1650' FWL		8. FARM OR LEASE NAME Tract 5
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3541' DF	9. WELL NO. 2
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Teas Yates
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14, T20-S, R33
		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

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 checked="" 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion of 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 start, if 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, pulled rods & tubing; 5-12-77;
 2. Found no plug @ 3246' & well bore clean to 3270'; 5-13-77;
 3. Perforated 1st Yates zone w/1 JSPF @ 3138-66'; 5-14-77;
 4. Isolated 1st Yates zone w/bridge plug & packer, Acidized w/750 gallons 15% & 30 Ball Sealers; Fmt. broke at 1500 psig & treated @ 1600 psig @ 5.5 BPM; 5-14-77;
 5. Fracture treated all zones w/60,000 gals 9# gelled Brine, 44,000# 20/40 & 40,000# 10/20 sand in four stages using 3000# rock salt & Benzoic acid flakes in three stages; Avg. treating pressure, 2750 psig @ 22 BPM; ISDP, 900 psig; 5-16-77;
 6. Ran tubing & rods, put well pumping; 5-17-77;
 7. RDPU. 5-17-77

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

SIGNED: Herb Henderson TITLE Area Supervisor DATE 06/09/77

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
DATE
JUN 27 1977
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

JUN 26 1977

U.S. COMMERCE
WASHINGTON, D. C.