

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-065658																				
2. NAME OF OPERATOR ANADARKO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE 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		8. FARM OR LEASE NAME Teas Yates																				
14. PERMIT NO. 660³ FNL & 1650³ FWL	15. ELEVATIONS (Show whether DF, NT, GR, etc.) 3541 DF	9. WELL NO. 2 Fract 5-2																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Teas Yates																				
<table border="1"> <tr> <th colspan="2">NOTICE OF INTENTION TO:</th> <th colspan="2">SUBSEQUENT REPORT OF:</th> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input checked="" type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> </tr> </table>		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 checked="" 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 type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14, T20-S, R33-E
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		12. COUNTY OR PARISH Lea																				
		13. STATE New Mexico																				

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, pull rods & tubing;
2. RU Reverse unit, drill plug @ 3246' & clean out to 3270' + ;
3. Perforate 1st Yates zone, 3136-68';
4. Run bridge plug & packer, acidize 1st Yates zone w/500 gals. & swab test;
5. Run 4 1/2" frac string w/Guiberson G.W. packer & Hyd. Holddown;
6. Fracture treat all zones w/60,000 gals 9# gelled brine, 12,000# 100 mesh, 35,000# 20/40 & 35,000# 10/20 sand in 4 stages using 3 block stages of rock salt & Benzoic acid flakes;
7. Pull 4 1/2" frac string;
8. Run tubing, rods & Pump;
9. RDPU & put well pumping.

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

SIGNED *Neil Henderson* TITLE Area Supervisor

DATE 03/25/77

(This space for Federal or State office use)

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

APPROVED
DATE
MAR 28 1977
BERNARD MOROZ
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

REPRODUCED

RECEIVED

MAR 2 1977

OL COMB. & P. COMM.
HUBBS, H. M.