

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-004-1

5. LEASE DESIGNATION AND NUMBER
NM-0435

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.)

6. IF INDIAN, AGENT OR TRIBE

7. UNIT AGREEMENT NAME

Teas Yates Unit

8. FARM OR LEASE NAME

Tract 10

9. WELL NO.

2

10. FIELD AND POOL, OR SUBCANT

Teas Yates

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

Sec 14, T10-S, R36E

12. COUNTY OR FEDERAL

Lea

13. STATE
New Mexico

OIL WELL GAS WELL OTHER

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 and in accordance with any State requirements.*
See also space 17 below.)
At surface

1650' FNL & 2310' FEL

14. PERMIT NO.

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

3595' DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDON WELL*

REPAIR WELL

CHANGE PLANS

(Other) **Deepen to 4th Yates Zone**

(Other)

(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 start of 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; 4-25-77;
2. RU reverse unit, deepened to 3394'; 4-30-77;
3. Perforated 1st Yates zone w/1 JSPF @ 3202-24'; 5-2-77;
4. Isolated 1st Yates zone w/bridge plug & packer & acidized w/500 gallons 15% reg. & 15 Ball Sealers; Fmt. broke @ 1100 psig @ 5 BPM; 5-3-77;
5. Fracture treated all zones w/60,000 gals 9# gelled Brine, 12,000# 100 Mesh, 34,000# 20/40 & 34,000# 10/20 sand in four stages using 1800# rock salt & 900# Benzoic acid flakes in three stages; Avg. treating pressure, 2500#; Avg. Inj. rate, 20BPM; ISDP, 1200 psig; 5-4-77;
6. Ran tubing & rods, put well pumping; 5-6-77;
7. RDPU. 5-6-77

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

SIGNED *Arb 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

JUN 21 1977

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

JUN 28 1977

OLYMPIA COUNTY HISTORICAL SOCIETY
1208 1/2 1ST ST. N.W.