

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 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 & 660' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM 01059

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Teas Yates Unit

8. FARM OR LEASE NAME
Tract 12

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Teas Yates Seven Rivers

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec 15, Twp 20S, Rg 33E

12. COUNTY OR PARISH Lea 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3375' GL

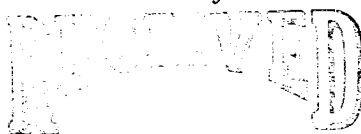
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: 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. Release Pkr. TOH w/2-3/8" Salta Lined Tbg & Injection Pkr.
2. TIH w/Workstring & Treating Pkr. Set Pkr above top perfs (3245'). Acidize w/3000 gals 20% NE-FE acid in two stages. Flush w/100 bbls 2% KCL fluid. TOH w/ Treating Pkr.
3. TIH w/Injection Pkr & 2-3/8" Salta Lined tbg. Circulate Pkr fluid behind tbg. Set Pkr @ 3200'. Resume water injection.



DEC 15 1982

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

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

SIGNED Harold O. Keith TITLE Production Foreman DATE December 14, 1982

APPROVED

(This space for Federal or State office use)

APPROVED BY (Off. Sec.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 21 1983

FOR

**JAMES A. GILLHAM
DISTRICT SUPERVISOR**

*See Instructions on Reverse Side