

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240
UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

m Approved.
Budget Bureau No. 42-R1424

RECEIVED

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 ☐ gas ☐ other *water injection*

2. NAME OF OPERATOR
Anadarko Pro. Co.

3. ADDRESS OF OPERATOR
P.O. Box 806 Eunice, N.M. 88231

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) *1980 FNL & 10 FWL*

AT SURFACE:

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 ☐
FRACTURE TREAT ☒
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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(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. R.U.C.U. Pull injection Tubg. & PKR
2. Run Treating PKR. on 2 7/8 Tubg. & set @ 3300.
3. Fracture Treating w/4000 gal. pure gel 20 w/2000# 20/40 sand
4. Run Injection Equipment & return to injection

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED *Peter W. Chester* TITLE *Field Foreman*

DATE *11/23/83*

APPROVED

(This space for Federal or State office use)

APPROVED (Orig. Sgd.) PETER W. CHESTER TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO LIKE
APPROVAL BY STATE

DEC 9 1983

*See Instructions on Reverse Side

RECEIVED

DEC 12 1983

O.C.D.
HODAS CENTER