

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 ☐ gas ☐ other ☒ Water Injection well

2. NAME OF OPERATOR

NAME OF OPERATOR
Anadarko Production Company V

3. ADDRESS OF OPERATOR

P. O. Drawer 130, Artesia, New Mexico 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1650' FNL & 2537' FWL

AT TOP PROD. INTERVAL: Same Sec. 31, T17S,R30E

AT TOTAL DEPTH:	Same	Eddy County, New Mex
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16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other)

SUBSEQUENT REPORT OF:

RECEIVED BY

OCT 17 1983

O. C. D.

ARTESIA, OFFICE

(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. Move in, rig up pulling unit.
2. Pump brine gel mix @ 25# gel/bbl of 10# brine from PBTD 2837' to surface.
3. Spot 200' Class C cement with 3% CaCl 100' above & 100' below Grayburg top @ 2640'.
4. GIH with perf guns & tag top of 1st plug; pull up & perf 4 holes @ 1132' (100' below Salt section).
5. Spot 200' cement from 1132' to 932' & squeeze half of plug out squeeze holes.
6. GIH with perf guns & tag top of 2nd plug; pull up & perf 4 holes @ 465' (50' above Salt section).
7. Spot 200' cement from 465' to 265' & squeeze half of plug out perfs.
8. Tag plug with wireline and set ~~surface~~ surface plug = 50'
9. Cut off all casing & anchors below surface; set P & A marker; clean & level location.

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

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

SIGNED Mine Braswell TITLE Field Foreman DATE September 20, 1983

(This space for Federal or State office use)

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

DATE _____

OCT 14 1983

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