

UNITED STATES RECEIVED BY
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
JUN 05 1985

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> X - Water Injection Well		5. LEASE DESIGNATION AND SERIAL NO. LC - 060524	
2. NAME OF OPERATOR Anadarko Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer 130, Artesia, New Mexico 88210		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FWL		8. FARM OR LEASE NAME Federal JJ	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3725' GL		10. FIELD AND POOL, OR WILDCAT Square Lake-Grayburg-SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3 - 17S - 30E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other)	Restore Casing Integrity <input checked="" type="checkbox"/> X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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 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.)

Note: Anadarko pressure tested the 4½" production casing in this well on 5-16-85 and it would not hold pressure. We are currently uncertain of what steps need to be taken to repair and thus restore the integrity of the casing on this water injection well but plan to proceed as follows:

1. Pump dye down the casing/tubing annulus and monitor fluid returning out of the 8-5/8" surface casing; calculate the depth to hole.
2. If hole is very shallow; use a backhoe to dig out 8-5/8" surface casing; cut away 8-5/8" casing to locate hole in 4½"; weld hole & replace 8-5/8" cut-off piece. Test casing - if O. K. - have NMOCD witness the second test.
3. If hole (holes) are deeper; rig up pulling unit and proceed as follows:
4. Unset injection packer and start pulling 2-3/8" tubing out of well.
5. Occasionally reset packer & pressure test the casing/tubing annulus until a hole (or top of numerous holes) is located.
6. Determine extent of hole (holes) by using packer & RBP or casing inspection log.
7. Cement squeeze hole (holes) after consulting with NMOCD of Artesia & gaining their approval of our cementing procedure.
8. Drill out cement
9. Re-run plastic lined tubing; circulate chemical water in casing/tubing annulus; re-set injection packer.
10. Pressure test casing/tubing annulus after notifying NMOCD witness to be on location.
11. Return well to injection if approved.

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

SIGNED [Signature] TITLE Area Supervisor DATE May 17, 1985

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DATE 6-5-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval

*See Instructions on Reverse Side