

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

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 ☐
2. NAME OF OPERATOR
Anadarko Production Company
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: 660' FS & WLs
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

MAY 22 1984

O. C. D.
ARTESIA, OFFICE

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) Cement Waterflow ☒

5. LEASE
NM 074935
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Loco Hills Federal A
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Grayburg-Jackson-Queen-San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
10 - 17S - 30E
12. COUNTY OR PARISH Eddy 13. STATE New Mexico
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3690' GL

(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. Rigged up pulling unit and TOH with rods and tubing.
2. Ran cement bond log and found cement top at 1944'.
3. Set CIBP at 2150'; perforated 2 squeeze holes at 1936'.
4. Pumped against perfs; could not pump into perfs at 3500# because of cement stringer at 1865'.
5. Perforated 2 squeeze holes at 1850'; WIH with packer and set at 1625'.
6. Pumped into squeeze holes at 1 BPM @ 2400#; could not establish circulation to surface. Cement squeezed with 150 sx Pacesetter Lite with 5# Salt/sx and tailed in with 50 sx Class C cement with 3% CaCl.
7. Ran temperature survey after 14 hours and found cement top at 1100' (bottom of Salt).
8. TOH with packer; WIH with bit and drill collars. Drilled out cement from 1794' to 1875'. Tested casing to 800#; drilled CIBP and cleaned out to 3343'.

Continued on page 2

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

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

SIGNED Mike Brunell TITLE Field Foreman DATE March 15, 1984

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY GWO TITLE _____ DATE _____

CONDITIONS OF APPROVAL MAY 17 1984

Carlsbad, NEW MEXICO *See Instructions on Reverse Side

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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 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) <u>Cement Waterflow</u>	<input checked="" type="checkbox"/>

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Page 2

9. Repaired hole in surface casing at 10'.
10. CRC ran Tracer Survey and established water being pumped down braidenhead was going in top of Salt section from 425' to 514'.
11. Braidenhead squeezed with 200 sx Class C cement with 2% CaCl at 2 BPM @ 250#; final squeeze pressure = 300#.
12. WIH with tubing and rods. Rigged down pulling unit; returned well to pump.

Note: Cementing and Tracer Survey was witnessed by Mike Stubblefield with NMOCC.

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

SIGNED Mike Braswell TITLE Field Foreman DATE March 15, 1984

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: