

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

215F

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		N. M. 0467931
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER X - Water Injection		8. IF INDIAN ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Anadarko Petroleum Corporation		9. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Drawer 130, Artesia, New Mexico 88210		10. FARM OR LEASE NAME Federal R
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 1980' FWL		11. WELL NO. 4
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Square Lake-Grayburg-SA
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3715' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10 - 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Repair Casing Integrity	<input checked="" type="checkbox"/>

(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: This WIW failed the NMOCD Casing Integrity Test conducted June 4, 1985. Repairs were made as follows:

1. Rigged up pulling unit; tripped out of hole with tubing & injection packer.
2. WIH with RBP & 5½" packer; set RBP @ 2622' and tested to 600#; held O.K. Tested casing from 2622' to surface to 500#; held O.K.
3. WIH with retrieving tool and retrieved RBP.
4. Ran 5½" Johnson 101-S injection packer on 85 jts plastic lined tubing - hydrotesting in hole @ 4000#. Circulated casing with packer fluid; set packer @ 2618'; tested casing to 500# - held O. K.
5. Rigged down pulling unit. Returned well to water injection.
6. Water flowing out casing.
7. Rigged up pulling unit; TOH with tubing and packer; found packer was sheared.
8. Ran 5½" Johnson 101-S injection packer on 85 jts plastic lined tubing; circulated casing with packer fluid; set packer @ 2618'; tested packer and casing to 500# - held O. K.
9. Rigged down pulling unit; returned well to injection.

Note: Above work witnessed by NMOCD representative.

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

SIGNED *Thomas D. Jones* TITLE Field Foreman DATE August 12, 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
swd

AUG 16 1985

*See Instructions on Reverse Side