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Form 3160.5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1001-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

RECEIVED

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Anadarko Petroleum Corporation

3. Address and Telephone No.
PO Drawer 130, Artesia, NM 88211-0130 (505) 677-2411

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 660' FEL
Sec. 25, T16S, R31E

5. Lease Designation and Serial No.
NM-04138

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Carper Fed #1

9. API Well No.
30-015-04871

10. Field and Pool, or Exploratory Area
GB-J-7R-Qn-GB-SA

11. County or Parish, State
Eddy, NM

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
- ☒ Subsequent Report
- ☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
- ☐ Recompletion
- ☐ Plugging Back
- ☐ Casing Repair
- ☐ Altering Casing
- ☒ Other H₂S Concentration & Radii of Exposure
- ☐ Change of Plans
- ☐ New Construction
- ☐ Non Routine Fracturing
- ☐ Water Shut-Off
- ☐ Conversion to Injection
- ☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

The following REVISED H₂S Concentration & Radii of Exposure are hereby supplied as per BLM Onshore Order #6, Part 3160.1, III, A, 2, C.

<u>.10</u>	<u>6000</u>	<u>.97'</u>	<u>.44'</u>
Gas Volume	H ₂ S ppm	100 ppm	500 ppm
(MCFPD)		Radii of Exposures	

RECEIVED
SEP 26 9 37 AM '94
CARRUTHERS
AREA

14. I hereby certify that the foregoing is true and correct.
Signed [Signature] Title Field Foreman Date 09-22-94
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: