

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 well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
Anadarko Production Company
3. ADDRESS OF OPERATOR
P. O. Box 67, Loco Hills, New Mexico 88255
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: **330' FSLA 2130' FEL Sec. 25, T16S, R31E**
AT TOP PROD. INTERVAL: **Same Eddy County, New Mex.**
AT TOTAL DEPTH: **Same**
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) **Clean out** ☒

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

LC 029492 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Robinson

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Grayburg-Jackson-Queen-San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

25 - 16S - 31E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

4176' DF

(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. Rig up pulling unit and reverse unit.
2. Pull rods and tubing.
3. Run washpipe and cutrite shoe on 2-7/8" tubing, wash over and recover junk.
4. Run 6 1/2" bit and wash out to T D.
5. Run Gamma Ray Compensated Neutron Log and Caliper Log.
6. Acidize.
7. Re-run tubing and rods.
8. Return well to production.

Subsurface Safety Valve: Manu. and Type

Set @

Ft

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

SIGNED

Area Supervisor

DATE

August 4, 1981

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY
CONDITIONS OF APPROVAL ANY

TITLE

DATE

AUG 10 1981