

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

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

3. Lease Designation and Serial No.
LC-068064

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Grier Fed #1

9. API Well No.
30-015-04942

10. Field and Pool, or Exploratory Area
Square Lake-GB-SA

11. County or Parish, State
Eddy, NM

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

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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)
660' FNL & 660' FWL
Sec. 31, T16S, R31E

OCT 19 '94

G. C. D.

ARTESIA OFFICE

Unit D

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>H₂S Concentration & Radii of Exposure</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non Routine Fracturing
	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.

1.2
Gas Volume
(MCFPD)

24,000
H₂S ppm

10.9'
100 ppm

5'
500 ppm

Radii of Exposures

CARTER
AREA

SEP 26 9 40 AM '94

RECEIVED

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: