

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
OIL AND GAS COMMISSION

SUBMIT IN TRIP  
(Other instructions  
reverse side)

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

6. LEASE DESIGNATION AND SERIAL NO.

LC 068064

7. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Anadarko Petroleum Corporation

3. ADDRESS OF OPERATOR

P.O. Drawer 130, Artesia, New Mexico 88211-0130

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

1980' FNL & 1980' FEL

AUG 09 '88

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

3823'

O. C. D.  
ARTESIA, OFFICE

5. WELL NO.

5  
Eddy

12. COUNTY OR PARISH

NM

13. STATE

31-T16S-R31E

10. FIELD AND POOL, OR WILDCAT

Square Lake G-SA

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

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

XX

(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.)

1. RUPU. TOH with rods and tbg.
2. Ran CIBP on tbg, Could not get into top of 4-1/2" liner, TOH.
3. WIH with tapered mill and dressed up top of liner, TOH.
4. Ran CIBP on tbg and set @ 3235'. TOH. Dump 35' cement on CIBP using sand line dump bailer. (This plug covers SA top.)
5. Ran 7" cement retainer on tbg and set @ 2800'. Cement squeezed with 80 sx Class C cement to Grayburg perfs. (This plug covers Grayburg top, 4-1/2" liner top, 7" casing shoe and Grayburg perfs.)
6. Pulled out of CR and circulated hole with 10# brine and salt gel mud. TOH.
7. Ran 7" CR on tbg and set @ 2150'. Cement squeezed with 50 sx Class C Cement out hole in casing @ 2290'. TOH. (This plug covers Queen formation top and hole in casing.)
8. Set pkr @ 60' and tested casing to 600#. Held.
9. Perforated 4 squeeze holes @ 1460'. (100' below salt), WIH with pkr and set @ 984'. Cement squeeze with 50 sx Class C cement with 4% CaCl. Waited 3 hrs and TOH. WIH with perf gun and tagged top of plug @ 1264'. (This plug covers base of salt.)
10. Pulled up perf gun and perforated 4 squeeze holes @ 475' (50' above top of salt). Set pkr @ 60'. Attempted to establish circulation. Pump 60 bbls mud and did not circulate. Tbg on vacuum when shut down. Cement squeezed with 100 sxs Class C cement and flush with 1 bbl mud. Waited 12 hrs and pulled pkr. Tagged top of plug @ 197' and found top of mud @ 144'. This plug

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

SIGNED *[Signature]*

TITLE Field Foreman

DATE 8-18-88

(This space for Federal or State office use)

APPROVED BY *[Signature]*  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 8-12-88

Part ID 2  
8-12-88  
PFA

RECEIVED

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Budget Bureau No. 1004-011  
Expires August 31, 1985  
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LC 068064  
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See also space 17 below.)

At surface

RECEIVED

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14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3823'

AUG 09 '88

O. C. D.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Grier Federal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Square Lake G SA

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

31-T16S-R31E

12. COUNTY OR PARISH 13. STATE

Eddy

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FRACTURE TREAT

SHOOT OR ACIDIZE

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(Other)

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MULTIPLE COMPLETE

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

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REPAIRING WELL

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

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10. Continued - covers top of salt.)

11. Dug out around surface casing with backhoe. Redimixed between 7" and 10" and in 7" casing. (This plug covers surface plug.)

12. Cut off all casing and anchors below surface; set P&A marker; Ripped and reseeded location.

Page #2

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SIGNED

*mt B...*

TITLE

Field Foreman

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

DATE 3/26/86 PROJECT F + A JOB NO. \_\_\_\_\_

BY msb CHK.: \_\_\_\_\_ SUBJECT Grier #5

Elev - 3823'

