

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

**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 ☒ - Water Injection

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: 3300' FSL & 675' FEL Sec. 31, T16S, R31E

AT TOP PROD. INTERVAL: Same Eddy County, N. M.

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 ☐

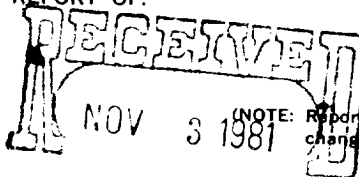
MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) Possible tubing leak

SUBSEQUENT REPORT OF:



OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

5. LEASE

LC 068064

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

RECEIVED

8. FARM OR LEASE NAME

Grier

NOV 09 1981

9. WELL NO.

7#

O. C. D.

10. FIELD OR WILDCAT NAME

ARTESIA, OFFICE

Square Lake

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

31 - 16S - 31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3852 DF

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 to repair possible tubing leak.
2. Trip out of hole with packer.
3. Hydrotest tubing and packer in hole; replace defective joints.
4. Circulate packer fluid (chemical water).
5. Reset packer.
6. Pressure test 5½" casing to 700 psig.
7. Rig down pulling unit.
8. Return well to injection.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

Set @ \_\_\_\_\_ Ft.

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

SIGNED

*[Signature]*

TITLE Area Supervisor

DATE October 30, 1981

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

NOV 6 1981

FOR

JAMES A. GILLHAM

DISTRICT SUPERVISOR \*See Instructions on Reverse Side