

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.)

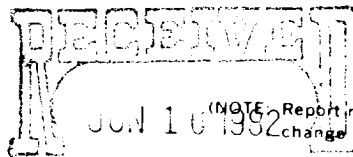
1. oil ☐ gas ☐ other ☒ - Water Injection
2. NAME OF OPERATOR
Anadarko Production Company
3. ADDRESS OF OPERATOR
P. O. Box 67, Loco Hills, New Mexico 88255
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 3300' FSL & 675' FEL Sec. 31, T16S, R31E
AT TOP PROD. INTERVAL: Same Eddy County, New Mexico
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) ☒ Repair tubing leak

SUBSEQUENT REPORT OF:

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

5. LEASE
LC 068064
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Grier
9. WELL NO.
7
10. FIELD OR WILDCAT NAME
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. Rigged up pulling unit.
2. Tripped out of hole with packer.
3. Hydrotested tubing and packer in hole - replaced 1 joint of tubing.
4. Set packer.
5. Pressure tested 5 1/2" casing to 700# - test witnessed by B. W. Weaver with NMOCC.
6. Unset packer.
7. Circulated packer fluid.
8. Reset packer @ 3100' GL.
9. Rigged down pulling unit.
10. Returned well to injection.

RECEIVED

JAN 21 1983

O. C. D.
ARTESIA, OFFICE

Note: Mr. Bill Gressett with NMOCC was notified two days prior to rigging up on this well.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

TITLE Area Supervisor

DATE

June 15, 1982

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

(Orig. Sgd.) PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL

JAN 19 1983