

L CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-78

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LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease State ☒ For ☐
5. State Oil & Gas Lease No. B 161 - 3
7. Unit Agreement Number
8. Name of Lease Owner Brinson State
9. Well No. 2
10. Field and Foot, or Allotment Grayburg-Jackson-Queen-SA
12. County Eddy

SUMMARY 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 - L" (FORM C-101) FOR SUCH PROPOSALS.

OIL WELL ☐ GAS WELL ☐ OTHER - **X** - **Water Injection Well**

Name of Operator

Anadarko Production Company

Address of Operator

P. O. Box 67, Loco Hills, New Mexico 88255

Location of Well

UNIT LETTER **A** **330** FEET FROM THE **North** LINE AND **990** FEET FROM
East LINE, SECTION **36** TOWNSHIP **16S** RANGE **31E** N.M.P.M.

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

4129' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REPAIRS ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER **Cement Squeeze 4 1/2" liner top** ☒

11. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Run injectivity profile.
2. Rig up pulling unit, pull tubing and packer.
3. Run 4 1/2" Cast Iron Bridge Plug and set in top of liner.
4. Run 7" cement retainer and cement-squeeze liner top.
5. Run 6 1/2" bit and drill cement out to liner top.
6. Run 3-7/8" bit and casing scraper and clean out to PBTD - 3972'.
7. Re-perforate from 3865' - 3885'.
8. Run 4 1/2" RTTS packer and acidize all perms.
9. Run 4 1/2" injection packer and load casing annulus with fresh water and chemical.
10. Set packer and test casing in accordance with NMOCC rules and regulations.
11. Return well to injection.

12. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *[Signature]* TITLE **Area Supervisor**

DATE **August 4, 1981**

APPROVED BY *[Signature]* TITLE **Oil and Gas Inspector**

DATE **AUG 06 1981**

CONDITIONS OF APPROVAL, IF ANY: