Form 3160 - 5	UNITED STATES	SUBMIT IN TRIPLICAT	Budget Bureau	No. 1004-0135	
FomRECEISED BY DEPARTN	Expires August 3. LEASE DESIGNATION	AND ARBIAL NO.			
Nov RECEIVED BY DEPARTME: OF THE INTERIOR DD COMMISSION BUREAU OF LAND MANAGEMENT DD COMMISSION			LC - 068064		
SUNDRY NOT	ICES AND REPORTS O	N WELL\$8210	a is indian, accorre	T OR TRIBE SAME	
U. C. D. Use "APPLICA	TION FOR PERMIT-" for such pro-	posais.)			
I. ARTESIA, OFFICE	7. UNIT AGREEMENT NA	7. UNIT AGREEMENT NAME			
WELL WELL OTHER X - Water Injection Wwll 2. NAME OF OFERATOR			8. FARM OR LEASE NAM	8. FARM OR LEASE NAME	
Anadarko Production Company				Grier Federal	
 P. O. Drawer 130, Artesia, New Mexico 88210 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) 			9. WELL NO.	· -	
			10. FIELD AND POOL, OF	10. FIELD AND POOL, OE WILDCAT	
At surface	Square Lake-G	Square Lake-Grayburg-SA			
10' FNL & 2630'	11. SHC., T., R., M., OR B SURVEY OR ARMA	11. SRC., T., R., M., OR BLK. AND SURVEY OR ARMA			
			31 - 165 -	31 E	
14. PERMIT NO.			12. COUNTY OR PARISH		
	3844'		Eddy	New Mexico	
16. Check Ap	propriate Box To Indicate Na	ture of Notice, Report, or	Other Data		
NOTICE OF INTENTION TO : SUBSEQUE			EQUENT REPORT OF :	UBNT REPORT OF:	
	PELL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING W	VELL	
	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTEBING CA		
	CHANGE PLANS	(Other)		4T*	
(Other) Repair Casing X (Nots: Report results of Completion or Recomplet 17. DESCRIBE (ROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, 1 proposed work. If well is directionally defined give subservices thereings, and give pertinent dates, 1			its of multiple completion apletion Report and Log for	-m)	
 DESCRIBE PROPOSED OR COMPLETED OPE proposed work. If well is directio nent to this work.) * 	RATIONS (Clearly state all pertinent maily drilled, give subsurface locatio	details, and give pertinent dat ns and measured and true ver	es, including estimated data tical depths for all markers	e of starting any and zones perti-	
dated June 6, 198	duled to satisfy Mike requesting that repa pull tubing and packe	irs be made within	letter to Anadar 30 days.	'ko	
2. Use packer & retrieva casing (location & ex	able bridge plug to de ktent of holes).	termine the genera	l condition of t	:he	
3. We will then consult of repair (which prob	with NMOCD representa bably will consist of	tive to determine one or more of the	a satisfactory m following):	lethod	
(A) Back off casing	and replace upper joi	nts if hole is sha	llow.		
(B) Circulate cemen	t or cement squeeze ca	sing if replacement	it isn't practica	11.	
(C) Cement another : be isolated.	string of casing in th	ne well after deter	mining the Salt	to	
16. a hereby certify that the foregoing is SIGNED (This space for Printed of State office APPROVED BY (CONDITIONS OF APPROVAL, IF A Subject to	Configuration	ea Supervisor		ne 11, 1985 2-85	
Like Approval	*See Instructions of	on Reverse Side			
Title 12 State 1001					

the 13 **confidence** 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the first states any false, figure or fraudulent statements or representations as to any matter within its jurisdiction.

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