

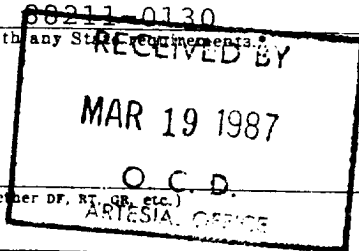
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, NM

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

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER X - Water Injection Well	5. LEASE DESIGNATION AND SERIAL NO. LC068064
2. NAME OF OPERATOR Anadarko Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Drawer 130, Artesia, N.M. 88211-0130	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 10' FNL & 2630' FEL	8. FARM OR LEASE NAME Grier Federal
14. PERMIT NO.	9. WELL NO. 15
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3844'	10. FIELD AND POOL, OR WILDCAT Square Lake-GB-SA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31-16S-31E
	12. COUNTY OR PARISH Eddy
	13. STATE NM



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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Repaired hole in tubing	<input checked="" type="checkbox"/>		

(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.
2. TOH with tubing and injection packer.
3. Tested in hole with 5-1/2" injection packer on 98 joints 2-3/8" internally coated tubing.
4. Circulated hole with Fresh water and chemical.
5. Set packer at 3046' KB and tested casing to 300# in accordance to NMOC rules and regulations.
6. Returned to injection.

ACCEPTED FOR RECORD

MAR 15 1987

CARLSBAD, NEW MEXICO

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

SIGNED Mike Brunell

TITLE Field Foreman

DATE 03/11/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side