

C187

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 ☐ well gas ☐ well other ☒ **X-Water Injection Well**  
2. NAME OF OPERATOR  
**Anadarko Production Company** ✓  
3. ADDRESS OF OPERATOR  
**P. O. Drawer 130, Artesia, New Mexico 88210**  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: **1650' FSL & 990' FEL**  
AT TOP PROD. INTERVAL: **Same Sec. 19, T16S, R31E**  
AT TOTAL DEPTH: **Same Eddy County, New Mex**

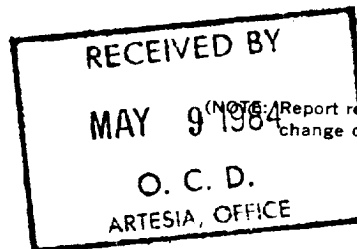
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

(other) **Repair hole in inj. tbg. XX**



5. LEASE  
**LC 063927**  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
**Ets Federal**  
9. WELL NO.  
**3**  
10. FIELD OR WILDCAT NAME  
**Square Lake-Grayburg-San Andres**  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**19 - 16S - 31E**  
12. COUNTY OR PARISH  
**Eddy**  
13. STATE  
**New Mexico**  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
**3872' GL**

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 tubing and packer.
3. Went in hole with packer on 2-3/8" SALTA (Internally plastic lined) tubing, testing tubing to 5000#.
4. Circulated hole with chemical and fresh water.
5. Set packer and tested casing to 600# in accordance with NMCD rules & regulations.
6. Returned well to injection.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Mike Brunsell TITLE Field Foreman DATE November 9, 1983

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

MAY 8 1984

[Signature]

\*See Instructions on Reverse Side

NEW MEXICO

