

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY

MAR 02 1984

O. C. D.

ARTESIA, OFFICE

Form Approved.
Budget Bureau No. 42-R1424

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 ☐
well 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: 1370' FSL & 927' FWL Sec. 31, T16S, R31E

AT TOP PROD. INTERVAL: Same

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)

Completion

SUBSEQUENT REPORT OF:

☐

☐

☐

☐

☐

☐

☐

☐

☒

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. Moved in and rigged up pulling unit.
2. Ran Compensated Neutron Gamma Ray log from 3360' to 2250. Perforated the Vacuum Zone of San Andres 3163-69' @ 2 SPF.
3. WIH with RBP and packer. Set RBP @ 3278' and packer @ 3126'.
4. Acidized with 1000 gals 15% HCL acid and 21 BS; AR&P = 4.1 BPM @ 3200#; Max P = 4500#.
5. Swabbed load water back and established swab rate of 1.5 BO + 1.5 BW per hour.
6. Fraced with 4000 gals gel and 3000 gals 20% acid. Flowed back and swabbed.
7. Unset packer and retrieved RBP; pulled up and set RBP @ 3140'; TOH.
8. Perforated Grayburg - Premier Zone 3062-65' @ 2 SPF & 3102-06, 3111-15 @ 1 SPF.
9. WIH with packer and acidized with 1500 gals 10% HCL acid and 24 BS; AR&P = 4 BPM @ 2200.
10. Flowed and swabbed back load water.
11. Unset packer and TOH.

continued on page 2

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED: Peter V. Chester TITLE Area Supervisor DATE February 2, 1984

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

APPROVED BY: PETER V. CHESTER
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

FEB 23 1984

5. LEASE
NM - 54428

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Grier "B" Federal

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Sq. Lake-Grayburg-San Andres

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)
3805.1' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED
FEB 3 1984
13 AM '84

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 ☐
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: 1370' FSL & 927' FWL Sec.31,T16S,R31E
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
|---|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) <u>Completion</u> | <u>XX</u> |

5. LEASE
NM - 54428
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Grier "B" Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Sq. Lake-Grayburg-San Andres
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)
3805.1' GL

(NOTE: Report results of multiple completion on one change on Form 9-330.)

RECEIVED
FEB 3 10 13 AM '84
BUREAU OF LAND MANAGEMENT
ROSEMOUNT

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.)*

Page 2

12. Fraced down casing with 30,000 gals X-linked gel, 34,000# 10/20 sand & 35,000# 20/40 sand. AR&P = 25 BPM @ 2900#. Flowed well back.
13. WIH and washed out sand; retrieved RBP and TOH.
14. Ran 1 1/4" X 16' tubing pump on 104 joints 2-3/8", 8 Rd, Cond B tbg; bottom of pump @ 3194' KB. Ran pump plunger on 1/2" Type 78 Cond A rods.
15. Installed 2 - 300 bbl tanks, heater treater, 114 American pumping unit and Size 2 Econopac. Placed well on production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *Sam E. Nuckel* TITLE Area Supervisor DATE February 2, 1984

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: