

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 ☐ gas ☐ other ☒ Water Injection

2. NAME OF OPERATOR

Anadarko Production Company

3. ADDRESS OF OPERATOR

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FS & E Line Sec. 3,

AT TOP PROD. INTERVAL: T17S, R30E

AT TOTAL DEPTH: Eddy County, New Mexico

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) Convert to water injection

5. LEASE

NM 074937

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal KK

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Square Lake 6-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

3 - 17S - 30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3736 GL

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

Note: This well approved for conversion to water injection under N.M.O.C.C. Order No. R-4830, R-4049. Administration order No. WFX-415. Dated September 9, 1974.

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. Rig up pulling unit, pull rods and tubing.
2. Clean up if necessary.
3. Run injection packer on 2-3/8" internally plastic coated tubing.
4. Set packer-pressure test casing to N.M.O.C.C. Specifications.
5. Unset packer load casing annuls with packer fluid, reset packer.
6. Equip well for water injection.

7. Commence water injection.

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED Truman D. Jones TITLE Field Foreman DATE June 18, 1982

**APPROVED**

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

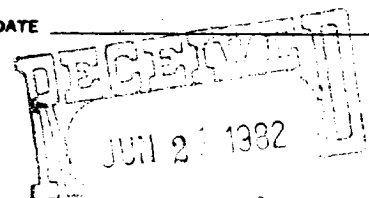
**JUN 23 1982**

FOR

**JAMES A. GILLHAM**

**DISTRICT SUPERVISOR**

See Instructions on Reverse Side



OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO