

NM OIL CONS. COMMISSION

Drawer DD
Artesia, NM 88210

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

4/SF

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 Water Injection
2. NAME OF OPERATOR
Anadarko Production Company
3. ADDRESS OF OPERATOR
P. O. Drawer 130, Artesia, New Mexico
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: J 1980 FSL & 1980 FEL
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) Convert to water injection | | |

5. LEASE
NM 074937
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
RECEIVED
8. FARM OR LEASE NAME
Federal KK NOV 12 1982
9. WELL NO.
3 O. C. D.
10. FIELD OR WILDCAT NAME
ARTESIA, OFFICE Square Lake
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3-T17S-R30E
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.)

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.
2. Log well w/GR-CNL
3. Perforate additional grayburg zone (Metex 2835-2920' OA).
4. Acidize metex zone.
5. TIH w/injection pkr. on 2-3/8" IPC tbg.
6. Set pkr. & pressure test annulus to 500 psi.
7. Unset pkr., load annulus w/pkr. fluid, set pkr.
8. Equip well for water injection in accordance w/NMOCC Order #R-4049 dated November 1970.

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

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

SIGNED John H. Beardo Jr TITLE Engineer DATE 11/3/82

APPROVED BY (On: Sgd.) PETER W. CHESTER DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
NOV 10 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See instructions on Reverse Side