5. LEASE

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES

DEPARTMENT OF THE INTERIOR C. D.	NM 0467931
GEOLOGICAL SURVEY ARTESIA, OFFICE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil gas other will other Tricandon	Federal R
Water Injection	9. WELL NO.
2. NAME OF OPERATOR	3
Anadarko Production Company V	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Square Lake
F. O. Box 67 Loco Hills, New Mexico 88255	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	10 - 17S - 30E
AT SURFACE: 330' FNL & 330' FWL Sec.	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: IQ. T17S, R30E	Eddy New Mexico
AT TOTAL DEPTH: Eddy County, New Mexico	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	15. ELEVATIONS (SHOW DF, KDB, AND WD)  3700' GL  notified that WFX must.  U by Santife Prior to  (NOTE: Report results of multiple completion or zone change on Form 9-330.)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	TI OH A WEX must
FRACTURE TREAT	1 / 2 Prior to
SHOOT OR ACIDIZE \( \Bar{} \)	in the state of the
REPAIR WELL	(NOTE: Report results of multiple completion or zone
TOES ON ASIEN ONOME	change on Form 9–330.)
MULTIPLE COMPLETE	man at to a some and the summer
CHANGE ZONES   ABANDON*	
(other) Convert to water injection	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is different measured and true vertical depths for all markers and zones pertined	lirectionally drilled, give subsurface locations and
1. Rie up pulline unit, pull rods and tubi	ne.

- Clean up if necessary.
- Run injection packer on 2-3/8" internally plastic coated tubing.
- Set packer-pressure tes: t casing to N.M.O.C.C. Specifications.
- 5. Unset packer load:casing annuls with packer fluid, reset packer .

6. Equi	ip well for water injection.		
7. Commo	nence water injection. ety Valve: Manu. and Type	Set @ F	Ft.
18. I hereby ce	rtify that the foregoing is true and correct		
SIGNED True	man D. Jones TITLE Field Foreman;	DATE	_
	APPROVED This space for Federal or State office use		-
	. Sgd.) PETER W. CHESTERING	_ DATE	_
CONDITIONS OF	APPROVAL, IF ANY:	- VEIGER OF MILL	
	JUN 2 3 1982	21 1982	
	FOR	MIN IUN 2"	
	JAMES A. GILLHAM Son Instructions on Reverse Side	Mill Jon or government	

and the state of t