

015F

Form 3160-5
 (June 1990)

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
 Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

RECEIVED

FORM APPROVED
 Budget Bureau No. 1001-0135
 Expires: March 31, 1993

5. Lease Designation and Serial No.
 NM-0467931

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Well Name and No.
 Federal R #3

9. API Well No.
 30-015-04171

10. Field and Prod. or Exploratory Area
 Square Lake-GB-SA

11. County or Parish, State
 Eddy, NM

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
 Anadarko Petroleum Corporation

3. Address and Telephone No.
 PO Drawer 130, Artesia, NM 88211-0130 (505) 677-2411

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 330' FNL & 330' FWL
 Sec. 10, T17S, R30E

OCT 19 '94

ARTESIA, OFFICE

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
☐ Notice of Intent	☐ Abandonment
☒ Subsequent Report	☐ Recompletion
☐ Final Abandonment Notice	☐ Plugging Back
	☐ Casing Repair
	☐ Altering Casing
	☒ Other <u>H₂S Concentration & Radii of Exposure</u>
	☐ Change of Plans
	☐ New Construction
	☐ Non Routine Fracturing
	☐ Water Shut Off
	☐ Conversion to Injection
	☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

The following REVISED H₂S Concentration & Radii of Exposure are hereby supplied as per BLM Onshore Order #6, Part 3160.1, III, A, 2, C.

<u>.6</u>	<u>5750</u>	<u>2.9'</u>	<u>1.3'</u>
Gas Volume	H ₂ S ppm	100 ppm	500 ppm
(MCFPD)		Radii of Exposures	

RECEIVED
 SEP 26 9 39 AM '94
 CARL AREA

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

Signed [Signature] Title Field Foreman Date 09-22-94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: