

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR (CATE)
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-01
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-029342-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal X

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Fren-Seven Rivers

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

21-T17S-R30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER

FEB 01 '88

2. NAME OF OPERATOR

Anadarko Petroleum Corporation

O. C. D.

3. ADDRESS OF OPERATOR

P. O. Drawer 130, Artesia, New Mexico 88211-0130

ARTESIA OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1350' FSL & 1326' FWL, Sec. 21-T17S-R30E

Eddy County, New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3653

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Status Change

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

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. Rigged up pulling unit on 01/13/88.
2. Ran an 1-1/2" insert rod pump on a 5/8" rod string.
3. Set a D40 pumping unit with a gas engine.
4. Put on pump (as an active oil producer) at 9:00 AM 01/14/88.

NOTE: This was formerly classified as a flowing gas well.

ACCEPTED FOR RECORD

JAN 25 1988

SJS

CARLSBAD, NEW MEXICO

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

SIGNED [Signature]

TITLE Area Supervisor

DATE 01/15/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
JAN 19 11 03 AM '88
CARLSBAD, NEW MEXICO