1. oil

well

2. NAME OF OPERATOR

AT SURFACE:

AT TOTAL DEPTH:

3. ADDRESS OF OPERATOR

gas

well

AT TOP PROD. INTERVAL:

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*

(other)

Anadarko Froduction Company >

Artunka, Li

PECEIVED

O C D

ARTESIA OFFICE

Form Approved.

UNITED STATES						
DEPARTMENT OF THE INTERIO	R					
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.)

other

P. O. Drawer 130, Artesia, N. Mex. 88210 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 1650' FSL & 2310' FWL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.

Same

Same

X - WSW

	Dudget bureau No. 42-R1424
5.	LEASE 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 OR WILDCAT NAME Fren - 7 Rivers
11.	SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21 - 17S - 30E
12.	COUNTY OR PARISH 13. STATE Eddy New Mexico
14.	API NO.
15.	ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

3643' GL

Plug & Abandon 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.)*

SUBSEQUENT REPORT OF:

- 1. Rigged up pulling unit.
- Tripped out of hole with rods and tubing.
- Dumped hole full cement 4½ yards ready-mix cement.
- Cut off all casing and anchors below ground level; set P & A marker; cleaned and leveled location.
- 5. Rigged down pulling unit.

Subsurface Safety Valve: Manu. and Type			Set @	Ft.
18. I hereby certify that the foregoing is true Signed Mine Bassell		DATE	June 12, 1984	
APPROVED BY Just adam	(This space for Federal or State office use) Autor TITLE	DATE	1-19-88	
CONDITIONS OF APPROVAL, IF ANY:			Post ID-	. 2