Form 3160-5 November 1983) Formerly 9-331) DEPARTMEN OF THE INTER	SUBMIT IN TRIPLICATE.	Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.
Formerly 9-331) BUREAU OF LAND MANAGEME		LC 028936-D
SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or plu Use "APPLICATION FOR PERMIT—" for such	ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1.		7. UNIT AGREEMENT NAME
OIL X GAS OTHER		S. FARM OR LEASE NAME
2. NAME OF OPERATOR	1	Federal M
Anadarko Petroleum Corporation 🗸		9. WELL NO.
3. ADDRESS OF OPERATOR	8821RECEIVED BY	3
P. O. Drawer 130, Artesia, New Mexico 4. LOCATION OF WELL (Report location clearly and in accordance with	any State requirements.*	10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface	JAM 3 A 1200	Loco Hills-Queen-G-SA 11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA
990' FSL & 1650' FEL	O. C. D. ARTESIA, OFFICE	31 - 17S - 30E
14. PERMIT NO. 15. ELEVATIONS (Show whether	ACTION OF CITY	37 34 34 3
3559' GL		Eddy New Mexico
16. Check Appropriate Box To Indicat	e Nature of Notice, Report, or	Other Data
16. Check Appropriate box to indicate the interest of interest to:	aunaro	QUENT EMPORT OF:
	WATER SHUT-OFF	REPAIRING WELL
TEST WATER SHUT-OFF PULL OR ALTER CASING	FRACTURE TREATMENT	ALTERING CASING
FRACTUAL TREAT MULTIPLE COMPLETE ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL CHANGE PLANS	(Other)	ts of multiple completion on Well
(Other)	Completion or Recom	pietion Report and Dog total.
(Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all per proposed work. If well is directionally drilled, give subsurface nent to this work.)	tinent details, and give pertinent date locations and measured and true vert	s. including estimates and zones perti-
This well was temporarily abandoned in pulled and a CIBP was set on tubing @ was circulated with Fresh water and ch Placed a tubing sub in wellhead and pa water and chemical and has been tested in the next two weeks so that your fie This well is under study to evaluate p Premier pay zones of the Grayburg form	emical. Pulled tubing cked off wellhead. Cas to 500#. Will set up ld inspector can witnes	and warehoused it. ing is loaded with Fresh a date with your office s a test.
Common F-7		
abandoned. APPROVED FOR 12 MONT		of when well was temporarily
ENDING <u>425/87</u>		
16. I hereby certify that the foregoing is true and correct SIGNED Min. Buckerll TITLE	Field Foreman	May 30, 1986
(This space for Briggsafige State office use)		DATE 6.25.84
APPROVED BY Med Med 2 TITLE CONDITIONS OF APPROVAL, IF ANY:	E	DATE GOOD