

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE*
(Other instruction on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.

LC 028936 *(d)*

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 reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Anadarko Production Company ✓

3. ADDRESS OF OPERATOR

P. O. Box 67, Loco Hills, New Mexico 88255

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface

1650' FN & WL Sec. 31, T 17S, R 30 E
Eddy County, New Mexico

14. PERMIT NO.

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal L

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Loco Hills

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

31-17-30

12. COUNTY OR PARISH

Eddy

13. STATE

New Mex.

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

NOTICE OF INTENTION TO

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

DRILL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 and 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. Plan to rig up pulling unit and reverse unit, pull rods & tubing.
2. Plan to drill out Bridge Plug @ 2820' and clean out to TD.
3. Plan to Fracture Treat Premier Zone and Loco Hills Zone to stimulate production.
4. Plan to re-run tubing, rods and pump and put well back on production.

RECEIVED

MAR 27 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

Area Supervisor

DATE 1 March 1974

TITLE

DATE

*See Instructions on Reverse Side