

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 7
(Other instr. s on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 028936 D

6. 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> XX Water Injection Wells | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Anadarko Production Company | 8. FARM OR LEASE NAME Federal M |
| 3. ADDRESS OF OPERATOR Box 116 Loco Hills, New Mexico | 9. WELL NO. 6 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FEASL Sec. 31, T 17 S, R 30 E Eddy County, New Mexico | 10. FIELD AND POOL, OR WILDCAT Loco Hills |
| 14. PERMIT NO. R-1970 | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3562 GL |
| | 12. COUNTY OR PARISH Eddy |
| | 13. STATE New Mexico |

16. 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) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☒ **Install tubing & packer**

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

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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.)*

Run 2 3/8" OD J-55 EUE plastic coated tubing to 2353' with tension packer set at 2293' to eliminate casing leak at approx. 700'. Resumed injection through tubing. Work completed on 10-16-67.

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

SIGNED

L. E. Layton

TITLE **District Superintendent**

DATE **10-19-67**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side