

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI. E*
(Other instructions on re-
verse side)

copy to SF
Form approved.
Budget Bureau No. 42-R1424.

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 **X - Water Injection Well**

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' FS & ELs Sec. 31, T 17S, R 30E
Eddy County, New Mexico**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3562 GL

5. LEASE DESIGNATION AND SERIAL NO.
LC 028936 D

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
**Anadarko Premier I & M
Waterflood Project**

8. FARM OR LEASE NAME
Federal M

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
Loco Hills

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
31 - 17S - 30E

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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Convert to Producing Well X	

(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, pulled tubing and packer.
2. Ran casing inspection log.
3. Cement squeezed Loco Hills perforations with 200 sacks cement.
4. Cement squeezed holes in casing at 219-31' and 345' with 900 sacks cement.
5. Drilled cement to 2800'; bit went outside of casing at approximately 2800'; drilled formation 2800-2885'.
6. Well is temporarily Shut In; application will be made to shut off Grayburg Zone and recomplete in Queen Zone.

RECEIVED

OCT 27 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Original Signed by **Jerry E. Buckles** TITLE Area Supervisor DATE October 26, 1976

(This space for Federal or State office use)

APPROVED BY Joe J. Lam TITLE ACTING DISTRICT ENGINEER DATE NOV 2 1976

CONDITIONS OF APPROVAL, IF ANY: