THE CIL TUTE. COMMISSION Drawer DD Artesia, NM 88210

5F/Jile

Form 9-331

Form Approved.

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	N M 074935 RECEIVED
GLOCOGICAL SURVEY	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	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.) 1. oil gas	8. FARM OR LEASE NAME Loco Hills Federal A OFFICE
well well other X - Injection Well	9. WELL NO.
2. NAME OF OPERATOR Anadarko Production Company /	10. 5151 0.00 1/1/10 0.00
3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Grayburg-Jackson
P. O. Box 67, Loco Hills, New Mexico 88255	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA 15 - 17S - 30E
AT SURFACE: 660' FN & WLs Sec. 15. T17S. R30E	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same Eddy County, N. Mex AT TOTAL DEPTH: Same	Eddy New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3692' GL
TEST WATER SHUT-OFF	
FRACTURE TREAT SHOOT OR ACIDIZE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
REPAIR WELL	(NOTE-Report results of multiple completion or zone
PULL OR ALTER CASING MULTIPLE COMPLETE DEC 02 1	981 Ichange on Form 9-330.)
CHANGE ZONES	29
ABANDON* OIL & GA (other) Perforate X U.S. GEOLOGICA	1 SHEVEY
ROSWELL, NEW	MEXICO
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinent 	rectionally drilled give subsurface leastions and
1. Rig up pulling unit; pull tubing and packer	r .
2. Rig up reverse unit; clean out to T D.	
3. Perforate additional Grayburg Zone.	
4. Acidize new and old perforations.	
5. Circulate packer fluid.	
6. Set packer and test casing.	
7. Return well to injection. Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby-eactify that the foregoing is true and correct	J. G
SIGNED SILLE SUPERVI	sor Alexember 20 1981
- Frage funce	AFPROVED
(This space for Federal or State office	:e use)
APPROVED BY TITLE PONDITIONS OF APPROVAL, IF ANY:	DFC 2 1981
	aut
	DISTRICT SUPERVISOR

*See Instructions on Reverse Side