RECEIVED BY NM OIL CONS. COTTSSION Drawer DD Form 9-331Artesia, NN 88210 Dec. 1973 JUN 27 1984 Form Approved. Budget Bureau No. 42-R1424 UNITED STATES O. C. D. 5. LEABE DEPARTMENT OF THE INTERIOR NM = 074935ARTESIA, OFFICE **GEOLOGICAL SURVEY** IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT 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 Form 9–331–C for such proposals.) 8. FARM OR LEASE NAME Loco Hills "A" Federal 1. oil gas well well other X-Water Injection Well 9. WELL NO. 7 2. NAME OF OPERATOR Anadarko Production Company 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Grayburg-Jackson-Queen-San Andres P. O. Drawer 130, Artesia, New Mexico 88210 11. SEC., T., R., M., OR BLK. AND SURVEY OR **AREA** 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 15 - 17S - 30E below.) AT SURFACE: 1980 FN & WLs 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Same Eddy New Mexico AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3697 GL REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE **CHANGE ZONES** ABANDON\* Repair Water Flow (other) 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.)\* Rigged up pulling unit and tripped out of hole with tubing and packer. Pumped down braidenhead @ 1 BPM @ 400#. CRC ran Tracer Survey which showed all fluid pumped down braidenhead going into Salt Section from 480' to 600'. Braidenhead squeezed with 250 sx Class H cement with 2% CaCl; AR&P = 2 BPM @ 600#. WOC 20 hours. Went in hole with  $5\frac{1}{2}$ " packer on 2-3/8" plastic lined tubing. Circulated hole with chemical and fresh water. Set packer @ 2550' KB and tested casing to 500% in accordance with NMOCD rules and regulations. Returned well to injection. Rigged down pulling unit. Note: Copy of tracer survey is attached. Subsurface Safety Valve: Manu. and Type \_ Set @ \_\_\_ 18. I hereby certify that the foregoing is true and correct  $_{\text{TITLE}} \stackrel{\textbf{Field Foreman}}{=}$ SIGNED 12h DATE (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: