

UNITED STATES RECEIVED
DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY JAN 11 10 53 AM '84

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.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR

Anadarko Production Company

3. ADDRESS OF OPERATOR

P. O. Drawer 130, Artesia, New Mexico 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FNL & 660' FWL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

SUBSEQUENT REPORT OF:

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X - Repair Waterflow

5. LEASE

NM - 074935

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Loco Hills Federal *

9. WELL NO.

8

10. FIELD OR WILDCAT NAME

Grayburg-Jackson Queen-San Andres

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

15 - 17S - 30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3690' GL

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(NOTE: Report results of multiple completion or one change on Form 9-331-C)

O. C. D.

ARTESIA, OFFICE

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.
2. Tripped out of hole with rods and tubing.
3. Went in hole with retrievable bridge plug & set @ 1200' in 5½" casing.
4. Tripped out of hole with retrieving tool.
5. Loaded casing with fresh water and packed well off.
6. Established rate and pressure down braidenhead of 2 BPM @ 300#.
7. Braidenhead squeezed with 300 sx Class C cement with 2% CaCl; WOC 24 hours.
8. Ran retrieving tool and retrieved RBP; TOH.
9. Re-ran tubing and rods.
10. Returned well to production.

Note: Cementing witnessed by Mike Stubblefield with NMOCC.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Mike Brewell TITLE Field Foreman DATE January 10, 1984

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY

MAY 9 1984

Carlsbad, NEW MEXICO

*See Instructions on Reverse Side