

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Conservation Division

811 S. 1st
Artesia, NM 87003-2834

FORM APPROVED
OMB No. 1004-0135
Expires July 31, 1996

CISF

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
GP II ENERGY INC.

3a. Address P O BOX 50682
MIDLAND TX 79710

3b. Phone No. (include area code)
915/684-4748

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 660' FWL Sec. 15, T17S R30E

5. Lease Serial No.

NM 074935

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

LOCO HILLS A FED 8

9. API Well No.

30-015-20616

10. Field and Pool, or Exploratory Area

GB JACKSON 7RVS ON GB SA

11. County or Parish, State

EDDY COUNTY NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

D & C 5-15-72

NOTE: See attached Sundry Notices dated 7-26-83 & 1-10-84. This well experienced a waterflow. A 300 sx bradenhead squeeze was performed to shut off waterflow. (8-5/8" csg @ 472' 12-3/4" hole cmt'd w/150 sxs) (5-1/2" csg @ 2845' 7-7/8" hole cmt'd w/450 sxs) (Perfs Grayburg 2595-2822' 54 holes) The following procedure is submitted to repair casing and restore well to production:

1. Rig up pulling unit. RIH w/RBP and packer.
2. Set RBP @ 2500'.
3. Test RBP, TOH testing casing to locate leak.
4. Squeeze cement into casing leak interval.
5. Drill out and test squeeze.
6. Return well to production.

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

Name (Printed/Typed)

M. A. Sirgo, III

Signature

M. A. Sirgo

Title

Agent

Date

April 26, 1999

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

(ORIG. SGD.) ALEXIS C. SWOBODA

Title

PETROLEUM ENGINEER

Date

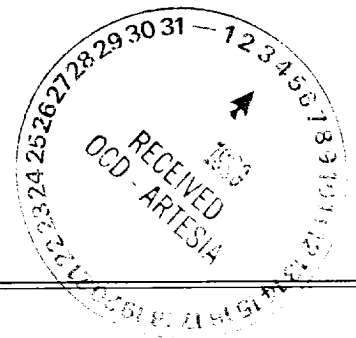
MAY 03 1999

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)



OPERATOR'S COPY

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED

JAN 11 10 53 AM '84

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to rework an old well in a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐
well well

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other)

☐

☐

☐

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☐

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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 A

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

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 5 1/2" 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 Brumell TITLE Field Foreman DATE January 10, 1984

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY GWO TITLE _____ DATE _____

CONDITIONS OF APPROVAL ANY: MAY 9 1984

Carlsbad, NEW MEXICO See Instructions on Reverse Side

OPERATOR'S COPY

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED

SUNDRY NOTICES AND REPORTS

(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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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☐

(other)

X - Notification of Waterflow and intent to repair

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Note: This well is flowing approx. 5 BWPD out of braidenhead. The top of cement is @ 1130' which is 20' above top of Tansill Zone and 75' below main base of Salt section but cement top is still in a ratty salt. Could not cement squeeze above cement top because of ratty salt if perforated @ cement top. Plan to cement squeeze down braidenhead with 300 sx cement to shut off water flow.

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

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

SIGNED M. B. Brunwell TITLE Field Foreman DATE July 26, 1983

APPROVED

(This space for Federal or State office use)

APPROVED BY Peter W. Chester TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 22 1983