

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

JUL 06 1983

1. oil ☒ gas ☐ other

2. NAME OF OPERATOR

Anadarko Production Company

O. C. D.
ARTESIA OFFICE

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: 990' FSL & 330' 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)

X - Remedy Waterflow

5. LEASE

LC - 029342A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal X

9. WELL NO.

7

10. FIELD OR WILDCAT NAME

Grayburg-Jackson-Queen-San Andres

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

21 - 17S - 30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

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

3633' 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.)*

4. (A) If top of cement (outside 5½" production casing) is at or near the Salt Section, then return the well to pump & cement down the 8-5/8" surface casing with approximately 300 sx cement.

(B) If cement top isn't too far below the Salt section, then perforate at cement top and circulate cement to surface and return the well to pump.

(C) If cement top is well below the Salt section, then run a noise log to determine location of water flow and cement accordingly and return the well to pump.

Note: Work will commence by Noon 7-7-83.

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

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

SIGNED

TITLE

Area Supervisor

DATE

July 6, 1983

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: