| UNITED       | STATE  | S        |
|--------------|--------|----------|
| DEPARTMENT O | F THE  | INTERIOR |
| GEOLOGIC     | AL SUR | VEY      |

| UNITED STATES   | 5. LEASE  |  |  |
|---|---|--|--|
| DEPARTMENT OF THE INTERIOR  | LC - 029342A  |  |  |
| GEOLOGICAL SURVEY   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                  |  |  |
|   |   |  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS   | 7. UNIT AGREEMENT NAME RECEIVED BY                    |  |  |
| Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)  | 8. FARM OR LEASE NAME SEP 02 1983                     |  |  |
| 1. oil gas uell other   | 9. WELL NO. O. C.                                     |  |  |
| 2. NAME OF OPERATOR   | 7 ARTESIA, OFFICE                                     |  |  |
| 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           |  |  |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17  | AREA  |  |  |
| below.) AT SURFACE: 990' FSL & 330' FWL   | 21 - 17S - 30E  |  |  |
| ••  | 12. COUNTY OR PARISH 13. STATE                        |  |  |
| AT TOP PROD. INTERVAL: Same AT TOTAL DEPTH: Same  | Eddy New Mexico                                       |  |  |
| Value   | _ 14. API NO.   |  |  |
| .6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,<br>REPORT, OR OTHER DATA  |   |  |  |
| REPORT, OR OTHER DATA   | 15. ELEVATIONS (SHOW DF, KDB, AND WD)                 |  |  |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  | 3633 GL   |  |  |
| EST WATER SHUT-OFF  | 28 U  |  |  |
| RACTURE TREAT   | OS .  |  |  |
| SHOOT OR ACIDIZE  |   |  |  |
| REPAIR WELL   | (NOTE: Report results of multiple completion of one   |  |  |
| PULL OR ALTER CASING []   | change on Form 9-338)                                 |  |  |
| MULTIPLE COMPLETE   CHANGE ZONES  | IVED  |  |  |
| ABANDON*  |   |  |  |
| other) X - Remedy Waterflow   | 1500  |  |  |
|   | नंने ळ  |  |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine | directionally drilled, give subsurface locations and  |  |  |
| ) If top of cement (outside 5½" production cas  | ing) is at or near the Salt Section,                  |  |  |
| then return the well to pump & cement down t  | he 8-5/8" surface casing with approx                  |  |  |
| imately 300 sx cement.  |   |  |  |
| •   |   |  |  |
| ) If cement top isn't too far below the Salt s<br>top and circulate cement to surface and retu  | ection, then perforate at cement rn the Well to pump. |  |  |
| ) If cement top is well below the Salt section location of water flow and cement accordingl   | y and return the well to pump.                        |  |  |

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

| Subsurface Safety Valve: Manu. a    | nd Type                          |             | Set @        | Ft |
|-------------------------------------|----------------------------------|-------------|--------------|----|
| 18. I hereby certify that the foreg | oing is true and correct         |             |              |    |
| SIGNED SHAFE LINE                   | Area Superv                      | isor DATE   | July 6, 1983 |    |
| //./                                | (This space for Federal or State | office use) |              |    |
| APPROVED BY                         | TITLE                            | DATE        |              |    |