·	roum approved.	
Form 3160-5 UNITED STATES NW OILS COMME. INCOMPANTALE.  (November 1983)	Budget Bureau Expires August	
(November 1983) (Formerly 9-331)  DEPARTME: OF THE INTERIOR (Other instruction of the ins	5. LEASE DESIGNATION	AND SERIAL NO.
REAU OF LAND MANAGEMEANTesia, NM 83310	N. M. 0467	931 C/SF
SUNDRY NOTICES AND REPORTS ON WELLS	6. IF INDIAN, ALLOTTES	OR TRIBE NAME
Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.		
Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.		
	7. UNIT AGREEMENT NA	.ME
, WELL O. CASD. OTHER X - Water Injection Wwll		
NAM ARTESTA TOFFICE	8. FARM OR LEASE NAME	
Anadarko Production Company	Federal R	
3. ADDRESS OF OPERATOR		
P. O. Drawer 130. Artesia, New Mexico 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*	10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface		
1980' FNL & 1980' FWL	Square Lake-Grayburg-SA	
1980. LUT 9 1980. LMT	SURVEY OR ARMA	
	10 - 175 -	- 30E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
3715' GL	Eddy	New Mexico
	· · · · · · · · · · · · · · · · · · ·	·
16. Check Appropriate Box To Indicate Nature of Notice, Report, or C	Amer Data	
NOTICE OF INTENTION TO:	UENT REPORT OF:	
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING T	WELL
FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT	ALTERING C.	ASING
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING	ABANDONME	NT*
REPAIR WELL CHANGE PLANS (Other)	of multiple completion	on Well
	letion Report and Log for	
<ol> <li>dated June 6, 1985 requesting that repairs be made within</li> <li>Rig up pulling unit; pull tubing and packer.</li> <li>Use packer &amp; retrievable bridge plug to determine the general casing (location &amp; extent of holes).</li> <li>We will then consult with NMOCD representative to determine a of repair (which probably will consist of one or more of the         <ul> <li>(A) Back off casing and replace upper joints if hole is shal</li> <li>(B) Circulate cement or cement squeeze casing if replacement</li> <li>(C) Cement another string of casing in the well after determine isolated.</li> </ul> </li> </ol>	condition of to satisfactory not following): low. isn't practication	nethod
18. I hereby certify that the foregoing is true and correct  SIGNED  (This space 10 Federal or State office use).  APPROVED BY  CONDITIONS OF APPROVAL, IF ANY:		ne 11, 1985
Subject to		

Subject to Like Approval

\*See Instructions on Reverse Side