

C/SF

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.)

1. oil ☐ well gas ☐ well other ☒ - Water Injection
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' FS & ELs Sec. 9, T17S, R30E
AT TOP PROD. INTERVAL: Same Eddy County, N. M.
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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☐
☐
☒ - Convert to water injection

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

Posted to D-3
2-18-83
Ch. to W/W

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; tripped out of hole with rods and tubing.
2. Ran 5 1/2" Watson Type SL injection packer on 2-3/8" SALTA (internally plastic lined tubing).
3. Circulated 500 gals 5% HCL acid & 200 gals Zylene across perfs and casing to clean oil scum off formation and scale from casing. Reversed out acid & Zylene.
4. Set packer @ 2550' GL and tested casing to 500# (Mike Stubblefield was notified but did not witness test). Unset packer and circulated packer fluid then reset packer.
5. Equipped well for water injection.
6. Commenced water injection 1-26-83 in accordance with NMOC Order R-4830, Case #5268.

Note: Braidenhead and casing are equipped with pipe and valves brought to the surface to monitor possible tubing, casing or packer leaks.

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

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

SIGNED _____ TITLE Area Supervisor DATE January 27, 1983

(Orig. Sgd.) PETER W. CHESTER space for Federal or State office use

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL FEB 3 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

5. LEASE	LC 029342(b)	RECEIVED
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		FEB 07 1983
7. UNIT AGREEMENT NAME		O. C. D.
8. FARM OR LEASE NAME	Artesia, Office	
	Loco Hills Federal B	
9. WELL NO.	5	
10. FIELD OR WILDCAT NAME	Grayburg-Jackson	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	9 - 17S - 30E	
12. COUNTY OR PARISH	Eddy	13. STATE New Mexico
14. API NO.		
15. ELEVATIONS (SHOW DF, KDB, AND WD)	3685' GL	

RECEIVED

JAN 31 1983