

UNITED STATES OF AMERICA, NM 88210
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 a well in a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☐ other ☒ Water Injection JUN 24 1982
2. NAME OF OPERATOR
Anadarko Production Company ✓ O. C. D.
3. ADDRESS OF OPERATOR
ARTESIA, OFFICE
P. O. Box 67 Loco Hills, New Mexico 88255
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL and 1980' FWL,
AT TOP PROD. INTERVAL: Sec. 9 T17S, R30E,
AT TOTAL DEPTH: Eddy County, New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | SUBSEQUENT REPORT OF: |
|---|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) Convert to water injection | |

5. LEASE
LC 029342 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Loco Hills Federal B
9. WELL NO.
7
10. FIELD OR WILDCAT NAME
Grayburg Jackson
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9 T17S, R30E
12. COUNTY OR PARISH | 13. STATE
Eddy | New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3692' GL

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

Note: This well approved for conversion to water injection under N.M.O.C.C. Order No. R-4830, R-4049. Administration order No. WFX-415.1. Dated September 9, 1974.

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. Rig up pulling unit, pull rods and tubing.
2. Clean up if necessary.
3. Run injection packer on 2-3/8" internally plastic coated tubing.
4. Set packer-pressure test casing to N.M.O.C.C. Specifications.
5. Unset packer load casing annuls with packer fluid, reset packer.
6. Equip well for water injection.

7. Commence water injection.

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

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

SIGNED Truman D. Jones TITLE Field Foreman DATE June 18, 1982

APPROVED (This space for Federal or State office use)

APPROVED BY (Orig. Sgd) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 23 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side

