NM OIL CONS. COLOUESION Drawer DD Artesia, NW 88210

Form Approved Form 9-331 Budget Bureau No. 42-R1424 Dec 1973 UNITED STATES 5. LEASE LC 030570B DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 0/5F RECEIVED 7. UNIT AGREEMENT NAME 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.) NOV 1 2 1981 8. FARM OR LEASE NAME Power Federal Com. --- O. C. D. gas 9. WELL NO. other well ARTESIA, OFFICE 1-Y 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Anadarko Production Company Wildcat Cisco 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P. O. Box 67, Loco Hills, New Mexico AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 26 - 17S - 30E below.) 2135'FSL&1650'FEL Sec. 26,T175,R30E 12. COUNTY OR PARISH 13. STATE Eddy County, New Mexico AT SURFACE: New Mexico AT TOP PROD. INTERVAL: Eddy AT TOTAL DEPTH: Same 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 15. ELEVATIONS (SHOW DF, KDB, AND WD) REPORT, OR OTHER DATA 3590.4 GL SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL thange on Form 9-330) PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other) LOROGIUMI BURVEY 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.)* Rig up pulling unit; load tubing with 3% KCL water to kill well; remove X-tree and install Blow out preventor. Trip out of hole with RTTS packer and retrievable bridge plug. Run production packer and set @ 9470' KB. Fracture treat Cisco zone. Swab and return to production. Note: May set a gas compressor. Set @ ___. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct November 5, 1981 Area Supervisor DATE SIGNED for Federal or State office use) __ DATE __ APPROVED BY CONDITIONS OF APPROVAL, IF ANY

NOV 1 0 1981

JAMES A. GILLHAM

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