

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

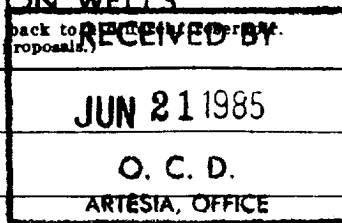
SUBMIT IN TRIPlicate\*  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

45F

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to surface or otherwise alter a well.  
Use "APPLICATION FOR PERMIT—" for such proposals.)



1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

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 and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1980' FSL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3579.2' Ground Level

5. LEASE DESIGNATION AND SERIAL NO.  
NM - 0558580

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Atalaya Federal

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Grayburg-Jackson-Queen-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
35 - 17S - 30E

12. COUNTY OR PARISH  
Eddy

13. STATE  
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|                     |                                     |                      |                                     |
|---------------------|-------------------------------------|----------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/>            | PULL OR ALTER CASING | <input type="checkbox"/>            |
| FRACTURE TREAT      | <input checked="" type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE    | <input checked="" type="checkbox"/> | ABANDON*             | <input type="checkbox"/>            |
| REPAIR WELL         | <input type="checkbox"/>            | CHANGE PLANS         | <input type="checkbox"/>            |
| (Other)             | Complete as oil well                |                      | <input checked="" type="checkbox"/> |

SUBSEQUENT REPORT OF:

|                       |   |                 |                          |
|-----------------------|---|-----------------|--------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/>  | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT    | <input type="checkbox"/>  | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/>  | ABANDONMENT*    | <input type="checkbox"/> |
| (Other)               | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |                 |                          |

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.)\*

Note: Anadarko recently acquired this well from Phillips Oil Company. A NMOCD Form C-104 has been filed with NMOCD showing change of ownership and well name. (Copy attached).

1. Rig up pulling unit.
2. Perforate Loco Hills Zone.
3. Acidize and swab test.
4. Fracture treat if necessary.
5. Install production equipment and place well on production.

Note: Atalaya Fed. A Com. #1 was drilled to a T D of 11,600' as a prospective gas producer by Phillips Oil Company. The well turned out to be a non-productive gas well and was plugged back to 3130'.

When Anadarko Production Company acquired the plugged-back well, the Designation of Operator was rescinded and Anadarko has 100% ownership to complete as a shallow well.

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

SIGNED

TITLE

Area Supervisor

DATE

June 21, 1985

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side