

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: November 30, 2000

CLSF

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.  
**LC-030570-B**

6. If Indian, Allottee or Tribe Name  
N/A

7. If Unit or CA/Agreement, Name and/or No.  
N/A

8. Well Name and No.  
**POWER FEDERAL #2**

9. API Well No.  
**30-015-27508**

10. Field and Pool, or Exploratory Area  
**CEDAR LAKE N. STRAWN**

11. County or Parish, State  
**EDDY NM**

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

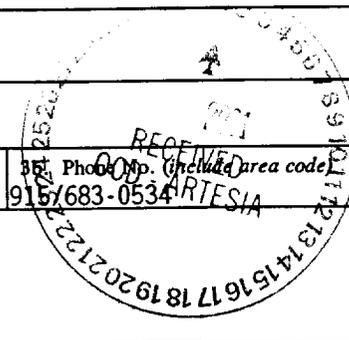
1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
**Anadarko Petroleum Corp.**

3a. Address  
**P.O. Box 2497, Midland, TX 79702**

3b. Phone No. (include area code)  
**915/683-0534**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**660' FSL & 660' FEL (BHL)  
SEC 26, T-17S, R-30E, UNIT LETTER I**

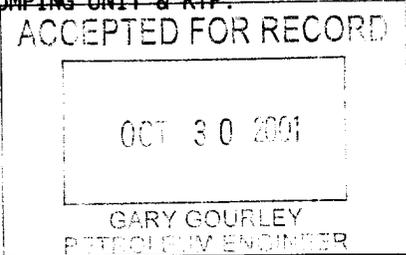


12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal
			<input type="checkbox"/> Water Shut-Off
			<input type="checkbox"/> Well Integrity
			<input checked="" type="checkbox"/> Other <b>ADD PAY</b>
			<b>&amp; STIMULATE</b>
			<b>STRAWN</b>

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

- REL PKR & TOH W/2-3/8" TBG.
- RIH W/MILL & DC'S. DRILL OUT CIBP @ 10,600' TO OPEN STRAWN SAND PERFS (10,610 - 22).
- RIH W/ 3-1/8" CSG GUN W/2 SPF. PERF STRAWN CARBONATE 10,416 TO 10,480 (56 HOLES).
- RIH W/RBP & PKR. ACIDIZE STRAWN SAND (10,610 - 10,622) W/500 GALS 7.5% NEFE HCL + 20 BS. PUH AND ACIDIZE STRAWN CARBONATE W/2000 GALS (10,476 - 10,502) W/2000 GALS 15% NEFE HCL + 130 BS.
- FRAC W/4500 GALS 15% GEL.
- REL PKR & TOH.
- RIH W/2-3/8" TBG. RODS & PUMP. SET PUMPING UNIT & RTP.
- PUT ON PUMP 8/28/01.



RECEIVED  
 2001 OCT 23 PM 12 50  
 BUREAU OF LAND MGMT.  
 CARLSBAD FIELD OFFICE

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

Name (Printed/Typed) **SABRA WOODY** Title **ENGR TECH III**

*Sabra Woody* Date **10/19/01**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Office \_\_\_\_\_