

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI
(Other instruction
verse side)ATE*
n reForm approved.
Budget Bureau No. 42-R1424

Copy to 13

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. LC-067858	
2. NAME OF OPERATOR Anadarko Production Company ✓		JAN 20 1972		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 68, Hobbs, N. M. 88240		D. C. C.		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FN L x 653.07' FE L Sec. 11 (Unit A, NE 1/4 NE 1/4)		ARTESIA, OFFICE		8. FARM OR LEASE NAME Marco J. Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3617' R.D.B.		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT EMPIRE AEO	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 11-18-27 NMPM	
				12. COUNTY OR PARISH LEA	
				13. STATE N.M.	

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 type="checkbox"/>	MULTIPLE COMPIETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input 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) <input type="checkbox"/>	

(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.)*

In an effort to increase productivity propose to selectively acidize perf 6161-66' w/ 3000 gal 15% DS-30 acid. Evaluate and restore to production.

Pmp 80 B0 x 5 BW 24 H. GOR 477 1-10-72.

TD- 6211
PBD- 6173
4 1/2" CSA 6211

RECEIVED
JAN 18 1972
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED _____

TITLE AREA SUPERINTENDENT

DATE JAN 17 1972

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

08-4 USGS-
1- DM
1- SUS
1- GRV
1- HONDO
JAN 19 1972
R. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side