

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instructions on re-  
verse side)

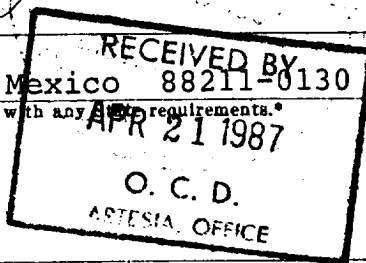
Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

458

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Anadarko Petroleum Corporation		8. FARM OR LEASE NAME Travis C Federal	
3. ADDRESS OF OPERATOR P. O. Drawer 130, Artesia, New Mexico 88211-0130		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any applicable requirements. See also space 17 below.) At surface 662' FSL & 1930' FEL		10. FIELD AND POOL, OR WILDCAT Artesia-On-GB-SA	
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 13-18S-28E		12. COUNTY OR PARISH Eddy	
13. STATE New Mexico		14. PERMIT NO.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3566' DF		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	



16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*			
1. RUPU. TOH with rods and tbq.			
2. WIH with 7" cmt ret to 2841'. Circulated hole with 10# brine and salt gel mud.			
3. Set retainer at 2841' and cement squeezed with 25 sx Class C cement. Pulled out of retainer and spotted 120 sx Class C with 4% CaCl on top of retainer. This plug covers 7" csg stub, 5-1/2" csg stub, SA top and GB top. TOH.			
4. Waited 3 hrs and tagged top of plug with perf gun at 2020'. Pulled up and perforated 4 squeeze holes at 805'. (100' below salt section.)			
5. WIH with pkr and set at 615'. Cement squeezed with 40 sx (230') Class C cement with 4% CaCl.			
6. Waited 3 hrs and TOH. Tagged top of plug with perf gun at 713'. Pulled up and perforated 4 squeeze holes at 325'. (50' above salt.)			
7. WIH with pkr and set at 60'. Could not break circulation while pumping brine at 6 BPM. Went on vacuum when SD. Began cementing and broke circulation after 60 sx pumped. Pumped a total of 220 sx Class C cement. Did not circulate cement to surface. When SD, tbq and backside went on vacuum. This plug covers top of salt. TOH. RDPU.			
8. Waited overnight. Dug out around casing with backhoe til found drilling hole. Tagged top of cement in casing at 48' and outside casing at 55'.			

(Continued on Page #2)

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>M. B. Basmell</u>	TITLE <u>Field Foreman</u>	DATE <u>4/7/87</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>4/20/87</u>
CONDITIONS OF APPROVAL, IF ANY:		

Post ID-2  
4-17-87  
PVA

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Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY  APR 21 1987  O. C. D. 884PM-0130	5. LEASE DESIGNATION AND SERIAL NO. NM-56429	
2. NAME OF OPERATOR Anadarko Petroleum Corporation			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer 130, Artesia, New Mexico			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 662' FSL & 1930' FEL			8. FARM OR LEASE NAME Travis C Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3566' DF		9. WELL NO. 1
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Artesia-Qn-GB-SA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-18S-28E
		12. COUNTY OR PARISH Eddy		13. STATE New Mexico

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
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(Continued from Page #1)

9. Dumped 1/2 yard of ready mix down casing to fill it to surface and 7 yards down backside to fill it.
10. Cut off all casing and anchors below surface and set P&A marker.
11. Will rip and reseed location in near future.

NOTE: There is 10# Brine and salt gel mud between all plugs.

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>M. Braswell</u>	TITLE <u>Field Foreman</u>	DATE <u>4/7/87</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>4/20/87</u>
CONDITIONS OF APPROVAL, IF ANY:		