

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
RECEIVED BY
JUN 03 1985
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-70

5a. Indicate Type of Lease
State ☐ Fee ☐
5. State Oil & Gas Lease No.
LC - 058581

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 - A" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Anadarko Production Company	8. Farm or Lease Name Miller
3. Address of Operator P. O. Drawer 130, Artesia, New Mexico 88210	9. Well No. 3
4. Location of Well UNIT LETTER E , 2310 FEET FROM THE North LINE AND 990 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 18S RANGE 29E NMPM.	10. Field and Pool, or Wildcat Loco Hills-Queen-C-SA
15. Elevation (Show whether DF, RT, GR, etc.) Unknown	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER Re-Plug & Abandon ☒

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Attention: Mr. Les Clements
New Mexico Oil Conservation Division
P. O. Drawer DD
Artesia, New Mexico 88210

Dear Sir:

Attached are two copies of BLM Form 3160 - Subsequent Report of Re-Plugging Miller #3.

NMOCD required this well be replugged to the satisfaction of the Artesia NMOCD prior to activating the new water injection well - Ballard #10-9.

Anadarko hereby requests subsequent P & A approval without any water injection restrictions within 1/2 mile radius of this re-plugged well.

Yours very truly,

Jerry E. Buckles
Jerry E. Buckles, Area Supervisor

Post ED-3
6-7-85
Chg Op
Name

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <i>Jerry E. Buckles</i>	TITLE Area Supervisor	DATE May 28, 1985
APPROVED BY <i>Les A. Clement</i>	TITLE SUPERVISOR, DISTRICT 1	DATE JUN 04 1985

CONDITIONS OF APPROVAL, IF ANY: