

NEW MEXICO OIL CONSERVATION COMMISSION  
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JUL 8 1975

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5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS **O. C. C.**

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT STRATA OFFICE USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input checked="" type="checkbox"/> <b>Water Injection</b>	7. Unit Agreement Name <b>Far West Loco Hills sand Unit</b>
2. Name of Operator <b>Anadarko Production Company</b>	8. Farm or Lease Name <b>Tract No. 8</b>
3. Address of Operator <b>P. O. Box 67, Loco Hills, New Mexico 88255</b>	9. Well No. <b>4</b>
4. Location of Well UNIT LETTER <b>J</b> <b>2310</b> FEET FROM THE <b>South</b> LINE AND <b>2310</b> FEET FROM THE <b>East</b> LINE, SECTION <b>4</b> TOWNSHIP <b>18 S</b> RANGE <b>29 E</b> NMPM.	10. Field and Pool, or Wildcat <b>Loco Hills</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3530 GL</b>	12. County <b>Eddy</b>

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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.

Intend to pull 2 3/8" plastic lined tubing and 5 1/2" tension packer.  
Sand back over Loco Hills section, cement squeeze thief zone above Loco Hills section, drill out, acidize and put back on injection.

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

Original Signed by **Jerry E. Buckles** TITLE **Area Supervisor** DATE **July 3, 1975**

APPROVED BY **W.A. Gessert** TITLE **SUPERVISOR, DISTRICT II** DATE **JUL 9 1975**

CONDITIONS OF APPROVAL, IF ANY: