

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-03308

5. Indicate Type of Lease
FED ☐ STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
N/A

7. Lease Name or Unit Agreement Name
Ballard Grayburg
San Andres Unit
Tract 10

8. Well No.
1

9. Pool name or Wildcat 39520
Loco Hills, Qn, GB, SA

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

1. Type of Well:
OR. WELL ☐ GAS WELL ☐ OTHER WIW

2. Name of Operator
Anadarko Petroleum Corporation 000817

3. Address of Operator
PO Box 37, Loco Hills, NM 88255

4. Well Location
Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line

Section 5 Township 18S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3555' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. 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.

1. Bleed well down. Install BOP. TOH w/tbg & packer. Rebuild packer.
2. TIH w/tbg & packer, Hy-testing tbg.
3. Circulate packer fluid. Set packer @ 2913'. Flange up well head.
4. Pressure up on csg to 320#; held for 20 min.
5. Bleed csg off. Left open and put on injection.

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

SIGNATURE Bill Winker TITLE Field Foreman DATE 02-20-98
TYPE OR PRINT NAME Bill Winker TELEPHONE NO. 677-2411

(This space for State Use)

APPROVED BY Jim W. Linn TITLE District Supervisor DATE APR 20 1998

CONDITIONS OF APPROVAL, IF ANY:

