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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION

RECEIVED BY
JUN 10 1985
O. C. D.

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Fee ☐

5. State Oil & Gas Lease No.
LC - 050906

SUNDY 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Anadarko Production Company	8. Farm or Lease Name Travis
3. Address of Operator P. O. Drawer 130, Artesia, New Mexico 88210	9. Well No. 1
4. Location of Well UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 8 TOWNSHIP 18S RANGE 29E NMPM.	10. Field and Pool, or Wildcat Loco Hills-Queen-G-SA
15. Elevation (Show whether DF, RT, GR, etc.) Unknown	12. County Eddy

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	Re-Plug & Abandon <input checked="" 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.

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

Former: V.S. Welch - Travis #1

Dear Sir:

Attached are two copies of BLM Form 3160 - Subsequent Report of Re-Plugging Travis #1.

NMOCD required this well be replugged to the satisfaction of the Artesia NMOCD prior to converting Ballard wells #5-9 & #5-14 to water injection.

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, Area Supervisor

Post FD-3
6-14-85
Chg DP

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

SIGNED Jerry E. Buckles TITLE Area Supervisor DATE June 6, 1985

APPROVED BY Les A. Clements TITLE Supervisor District 14 DATE JUN 18 1985

CONDITIONS OF APPROVAL, IF ANY:

CARLSBAD
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
verse side)

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

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"/>	5. LEASE DESIGNATION AND SERIAL NO. LC - 050906
2. NAME OF OPERATOR Anadarko Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Drawer 130, Artesia, New Mexico 88210	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 660' FS & ELs	8. FARM OR LEASE NAME Travis
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether V. RT. GRASS) Unknown	10. FIELD AND POOL, OR WILDCAT Loco Hills-Queen-C-SA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 8 - 18S - 29E
	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico

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

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 checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	Re- P & A	<input checked="" 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.)

Note: NMOCD requires this well to be re-plugged.

1. Bladed road; dug workover pit; set anchors.
2. Set 20' of 14" conductor casing and redimixed to surface.
3. Rigged up pulling unit & reverse unit.
4. Tagged top of 8-5/8" casing stub @ 22'.
5. Cleaned out to 600' with 6-1/8" bit.
6. Tagged top of 7" casing stub @ 600'.
7. Cleaned out to 2440'; circulating conventionally with full returns using 10% brine; bit trying to stick (records show well plugged with chat back to 2400'). Unable to circulate chat out of hole without mudding up.

Note: NMOCD letter dated 2-25-85 requires deepest plug to be set @ 2267'.

8. Ran Cement Top Log (witnessed by Mike Stubblefield with NMOCD); cement top @ 775' (15' above Bottom of Salt); therefore, no need to perforate 7" casing & cement squeeze below Salt.
9. Dowell circulated hole w/10% Brine and Salt gel & flushed the following plugs with same:
1st. Plug - - 50 sx Class H w/5% CaCL - - 2170' - 2338' - - (Grayburg Top; 7" casing shoe).
2nd. Plug - - 65 sx Class H w/5% CaCL - - 592' - 904' - - (Bottom Salt & 7" stub.).
3rd. Plug - - 35 sx Class H W/5% CaCL - - 530' - 590' - - (7" csg stub).
4th. Plug - - 65 sx Class H w/5% CaCL - - 530' - 436' - - (Top Salt & 8-5/8" shoe).
Tagged 3rd. Plug @ 530'

Continued on Page 2

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

SIGNED [Signature] TITLE Area Supervisor DATE June 6, 1985

APPROVED BY _____ TITLE _____ DATE _____

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

PERMIT IN TRIP DATE
Other Instruction
verse side)

MENT

REPORTS ON WELLS

to drill or to deepen or plug back to a different reservoir.
ATION FOR PERMIT— for such proposals.)

ALL ☐ OTHER

OPERATOR

Anadarko Production Company

3. ADDRESS OF OPERATOR

P. O. Drawer 130, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

660' FS & ELs

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, GR, etc.)

Unknown

5. LEASE DESIGNATION AND SERIAL NO.

LC - 050906

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Travis

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Loco Hills-Queen-G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

8 - 18S - 29E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

RECEIVED BY
JUN 12 1985
O. C. D.
ARTESIA, OFFICE

18. 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"/>	Re- P & A <input checked="" 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.)*

Page 2

5th. Plug - - 100 sx Class H W/5% CaCL - - 30' - 436' - -(Top Salt & 8-5/8" csg shoe).
6th. Plug - - 25 sx Class C Neet - - - Surface - 30' - - (Surface Plug).

10. Rigged down pulling unit & reverse unit; cut off anchors; cleaned & leveled location; erected P & A marker.

Note: Plugging activities were approved and witnessed by Mike Stubblefield with NMOCD.

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

SIGNED Mike Stubblefield TITLE Area Supervisor DATE June 6, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side