

LC - 050906

Travis

1

Loco Hills-Queen-G-SA

8 - 18S - 29E

Eddy

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF 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 DF, RT, etc.)

Unknown

MAY 12 1986

O. C. D.

ARTESIA OFFICE

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(Other)

Re- P & A

(Other)

(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 Mike Stubblefield

TITLE Area Supervisor

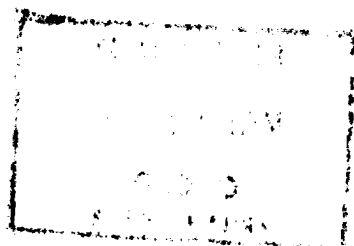
DATE June 6, 1985

APPROVED BY Origl Sgd. Charles S. [Signature]

TITLE Area Supervisor

DATE 5-5-86

CONDITIONS OF APPROVAL, IF ANY:



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instruction on reverse side)

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 DF, RT, GR, etc.) Unknown		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

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ALTERING CASING	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(Other)	Re- P & A

(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.)*

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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 [Signature] 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