| Say or Courts Accelves                               |                | <del></del> |  |   |                               | Form C-101<br>Supersedes Of | ı.i                  |  |
|--|----------------|-------------|--|---|-------------------------------|-----------------------------|----------------------|--|
| DISTRIBUTION   | 13_            |             |  |   |                               | C+102 and C+1               |                      |  |
| SANTA FE   | 1              | 1           | NEW MEXICO   | OIL CONSERVAT                               | ION COMMISSION                | Effective 1-1-1             | <b>i S</b>           |  |
| FILE   | 1              | 1           | <b>/</b>   |   |                               | p                           |                      |  |
| U.5.G.S.   |                |             | ]  | Ġ.  | ECEIVED                       | 5a. Indicate Type           | F3                   |  |
| LAND OFFICE  |                |             | )  |   |                               | Stota                       | Fee [_]              |  |
| OPERATOR   |                |             |  |   | MAD 6 1070                    | 5, State Off & Ga           |                      |  |
|  |                |             |  |   | MAR 6 1979                    | LC 061                      | 701                  |  |
|  | \$U            | NOR         | RY NOTICES AND REP   | ORTS ON WELL                                | S                             |                             |                      |  |
| LOO NOT USE THIS FO                                  | "AFF           | 24 04 C     | TRUSALS TO CALL OR TO CLERG<br>TON FOR PERMIT -" (CODE C)  | N OR PLUG BACK TO A<br>1011 FOR SUSH PROPOS |                               |                             |                      |  |
| O'L CAS OTHER. X- Injection Well                     |                |             |  |   |                               |                             | l Nome<br>Pavhuro    |  |
|  |                |             |  |   |                               |                             | ahphfa               |  |
| 2. Name of Operator                                  |                | _           | $\checkmark$   |   |                               | 6. Farm of Lease            |                      |  |
| Anadarko Production Company                          |                |             |  |   |                               |                             | Tract No. 14         |  |
| P. O. Box 67, Loco Hills, New Mexico 88255           |                |             |  |   |                               | 3, wen to.                  | 3                    |  |
| 4. Lecution of Well                                  | ,060           | nr.         | 113, New MEXICO 66   | 433   |                               | 10. Field and Foo           | ol. or Waldcot       |  |
|  |                |             | 200  | Court                                       | 990                           | Loco Hills<br>Grayburg S    | Queen                |  |
| UNIT LETTERM   | •              |             | 990 FEET FROM THE  | SOUTH LINE                                  | AND 770 PEET FR               | ow Craybara 2               | All Wigles           |  |
| West .   |                |             | 8 TOWNSHII   | 185   | 29E                           |                             |                      |  |
| THEL   | .1HE, 2        | SECTIO      | TOWNSHIP   | , R.  | ANGE NMP                      | (                           |                      |  |
|  | $\mathcal{II}$ | 777         | 15. Elevation (Sh  | ow whether DF, RT,                          | GR, etc.)                     | 12, County                  |                      |  |
|  |                |             | 1111113525   | Not Available                               | - / 45                        | Eddy                        |                      |  |
| 16.  | アンア            |             | Appropriate Box To Ir  |   |                               | Whee Date                   |                      |  |
| NOTIC  |                |             | Appropriate box to it  | idicine Mature i                            | =                             | NT REPORT OF:               |                      |  |
| NOTIC  |                | (I. 11)     |  |   | 00002402                      |                             |                      |  |
| PERFORM REMEDIAL WORK                                | 1              | •           | PLUG AND AB  | ANDON REMEDI                                | AL WORK                       | Alteri                      | NG CASING            |  |
| TEMPGRARILY ABANDON                                  | า์             |             |  |   | NCE DRILLING OPNS.            | PLUG AN                     | NO ABAHDONMENT       |  |
| PULL OR ALTER CASING                                 | า์             |             | CHANGE PLAN  | F   | TEST AND CEMENT JOB           |                             |                      |  |
|  |                |             |  | отн   | m Braidenhead                 | Hookup ·                    | X                    |  |
|  |                |             |  |   | •                             |                             |                      |  |
|  |                |             |  |   |                               |                             |                      |  |
| 17. Describe Proposed or Con<br>work) SEE RULE 1103. | mpleti         | eq Ob       | etations (Cicarly state all pe   | rrinent aetaus, and                         | give pertinent dates, includi | ng estimated date of s      | minig any proposed   |  |
|  |                |             |  |   |                               |                             |                      |  |
|  |                |             |  | •   |                               |                             |                      |  |
| Convent  | ion:           | al I        | B. H 2" piped t  | o surface and                               | i swedged to ⅓™ wi            | th ½" valve ex              | rposed.              |  |
|  |                |             |  |   | •                             |                             | •                    |  |
| Witness  | ed             | by 1        | M. W N. M. O. C  | . D 1-23-                                   | /9.                           |                             |                      |  |
|  |                |             |  |   | •                             |                             |                      |  |
|  |                |             |  |   |                               |                             | **                   |  |
| ,  |                |             |  |   |                               |                             |                      |  |
| - "  |                | •           |  |   |                               |                             |                      |  |
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| •  |                |             | •  | •   |                               |                             |                      |  |
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|  |                |             | •  |   |                               |                             |                      |  |
|  |                |             | •  |   |                               |                             |                      |  |
| 18. I hereby certify that the ir                     | nform.         | ation :     | above is true and complete t   | o the best of my kno                        | wiedge and belief.            |                             |                      |  |
| in a nervery certainy that the in                    | 1141           |             |  | •   | ••                            |                             |                      |  |
|  | , 5            |             | Muchles  | Area  | Supervisor                    | 2                           | -14-79               |  |
| ICHEN  |                | _/_         | The state of the s | 11/6  |                               |                             |                      |  |
| // //  |                | ,           |  | 411 444                                     | CAR IMPOSETAR                 | 6.5                         | ልክ ር ቦ ፋ <b>ጎማ</b> ላ |  |
| M.h.   |                | //          | Man.   | <b>OIL AND</b>                              | gas imbrector                 | M.                          | AR 2 5 1379          |  |
| PUREYTO SY   |                |             | H. H. H. H. T  | •     |                               |                             |                      |  |

CONDITIONS OF APPROVAL, IF ANY