

Form 9-331
Dec. 1973

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UNITED STATES
DEPARTMENT OF THE INTERIOR
O. C. D. GEOLOGICAL SURVEY
ARTESIA, OFFICE

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

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 Form 9-331-C for such proposals.)

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. See space 17 below.)

AT SURFACE: 990' FNL & 1650' FWL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☒

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

SUBSEQUENT REPORT OF:

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5. LEASE

N M - 14843

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Ballard Grayburg San Andres Unit

8. FARM OR LEASE NAME

Tract No. 20

9. WELL NO.

11

10. FIELD OR WILDCAT NAME

Loco Hills-Queen-Grayburg-San Andres

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

17 - 18S - 29E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3500' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

1. Rig up pulling unit; TOH with rods and tubing.
2. GIH with packer.
3. Fracture treat Grayburg formation.
4. TOH with packer.
5. Re-run tubing and rods.
6. Return well to production.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Mike Brunell TITLE Field Foreman DATE November 6, 1984

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE AREA MANAGER DATE 11-9-84
CONDITIONS OF APPROVAL, IF ANY: CARLSBAD REG.