

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1001-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

RECEIVED

OCT 19 '94

O. C. D.
OFFICE
ARTESIA 2411

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Anadarko Petroleum Corporation

3. Address and Telephone No.

PO Drawer 130, Artesia, NM 88211-0130

(505) 675-2411

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1800' FNL & 1650' FEL
Sec. 17, T18S, R29E

Unit G

5. Lease Designation and Serial No.

LC-058127

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Ballard GSA Unit

8. Well Name and No.

#7-2

9. API Well No.

30-015-03428

10. Field and Prod. or Exploratory Area

Loco Hills-Qn-GB-SA

11. County or Parish, State

Eddy, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other H₂S Concentration & Radii of Exposure

- ☐ Change of Plans
☐ New Construction
☐ Non Routine Fracturing
☐ Water Shut Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion or well completion or Recompletion Report and Log form I)

13. 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.)

The following REVISED H₂S Concentration & Radii of Exposure are hereby supplied as per BLM Onshore Order #6, Part 3160.1, III, A, 2, C.

1.9
Gas Volume
(MCFPD)

4500
H₂S ppm

5.1'
100 ppm

2.3'
500 ppm

Radii of Exposures

RECEIVED
SEP 26 9 33 AM '94
CARL AREA

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

Signed [Signature]

Title Field Foreman

Date 09-21-94

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date