

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instruction
verse side)

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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 "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR ANADARKO PRODUCTION COMPANY ✓</p> <p>3. ADDRESS OF OPERATOR P.O. Box 67, Loco Hills, New Mexico 88255</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330/W & 990/W</p> <p>14. PERMIT NO.</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. NM 14843</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Ballard Grayburg San Andres Unit</p> <p>8. FARM OR LEASE NAME Tract No. 20</p> <p>9. WELL NO. 3</p> <p>10. FIELD AND POOL, OR WILDCAT Loco Hills</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-18S-29E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE New Mex.</p>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) Not available		

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"/>	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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)*

This well has been temporarily abandoned since April 1964. The well has collapsed or parted casing. It will be worked over and put on production in early 1977.

RECEIVED

OCT 23 1975

O. C. C.
ARTESIA, OFFICE

RECEIVED
OCT 20 1975
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED George S. Lusk TITLE Petroleum Engineer DATE Sept. 30, 1975

(This space for Federal or State office use)

APPROVED
OCT 22 1975
H. L. BEEKMAN
ACTING DISTRICT ENGINEER

TITLE _____ DATE _____
UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL 1 - 1976
*See Instructions on Reverse Side