|  |  | , ,                   |                              |  | nm OIL CONS COM<br>Drawer DD<br>Artesia, NM 88  | 1/ 1               |  |
|--|--|-----------------------|------------------------------|--|---|--------------------|--|
| nim 3160-5<br>lune 1990)                                       | UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT   |                       |                              | FORM APPROVED Budget Bureau No. 1001-0135 Expires: March 31, 1993  5. Lesse Designation and Serial No. |   |                    |  |
| Do not use this for  | SUNDRY NOTICES A<br>rm for proposals to dill<br>se "APPLICATION FOR  | I or to deepen or rec | entry to a differen          | nt reservoir.  | NM-14843 6. If Indian, Allottee or Trib   | ie Name            |  |
| SUBMIT IN TRIPLICATE RECEIVED                                  |  |                       |                              |  | 7. If Unit or CA, Agreement Designation   |                    |  |
| i. type of Well  |  |                       |                              |  | Ballard GSA<br>8. Well Name and No.   | Unit               |  |
| Well Gas Well  2. Name of Operator                             | Other  |                       | OCT 1                        | 9.'94  | 20-4  |                    |  |
| Anadarko Petroleum Corporation                                 |  |                       |                              |  | 9. API Well No.<br>30-015-03430   |                    |  |
| PO Drawer 130, Artesia, NM 88211-0130 (505) 1632 0241          |  |                       |                              |  | 10. Field and Poul, or Exploratory Area   |                    |  |
| 4 Location of Well (Footage                                    | , Sec., T., R., M., or Survey De   | scription)            |                              |  | LOCO Hills-0  | Qn-GB-SA           |  |
| 330' FNL & Sec. 17, T  |  |                       |                              |  | Eddy, NM  |                    |  |
| 12 CHECK A   | PPROPRIATE BOX(s   | ) TO INDICATE NA      | ATURE OF NOT                 | ICE, REPOR   | T, OR OTHER DAT   | Α                  |  |
|  | TYPE OF SUBMISSION TYPE OF ACTIO   |                       |                              |  |   |                    |  |
| Notice of  | Intent   | Recom                 | Jonnent<br>opletion          |  | Change of Plans  New Construction  Non Routine Fracturin  |                    |  |
| X Subsequer  | nt Report  | 11                    | ing Dack<br>g Repair         |  | Weter Shut-Off  | g.                 |  |
| Final Ahandonment Notice                                       |  |                       | H2S Concentr<br>& Radii of E | ration<br>Exposure   | Conversion to Injection  Dispose Water (Mote: Report equits of multiple completion on Well Completion of Recompletion Report and Log form ) |                    |  |
| give subsurface focal  | pleted Operations (Clearly state all ions and measured and true vertice an | Concentratio          | un & Radii o                 | of Exposu  | re are hereby   |                    |  |
|  | 6 19<br>Olume H <sub>2</sub>   | ,500<br>S ppm         | 5.3'<br>100 ppm<br>Radii     |  |   |                    |  |
|  |  |                       |                              | ΣV   | iep 26 9 37 M '9'   | RECEIVED           |  |
|  |  |                       |                              |  | - 100 <u>E</u>  |                    |  |
| 14. I hereby certify that the                                  | foregoing is true and correct  | Fiel                  | ld Foreman                   |  | Date  | 94                 |  |
| Signed Walds (This space for Federal of                        | y State office use)  | Time                  |                              |  |   |                    |  |
| Approved by  |  | 1 tile                |                              |  | Date  |                    |  |
| Title 18 U.S.C. Section 1001<br>or representations as to any n | , makes it a crime for any person<br>natter within its jurisdiction.   |                       | te to any department or ag   | gency of the Unlied S  | Sintes any Inise, fictitions or fr  | audulent statement |  |