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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Water Injection **RECEIVED**

2. NAME OF OPERATOR
Anadarko Production Company **DEC 16 1982**

3. ADDRESS OF OPERATOR
P.O. Box 2497 Midland, Texas 79703 C.D.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space below.)
AT SURFACE: 660 FSL & 1980 FWL
AT TOP PROD. INTERVAL: Sec. 6, T-18S, R-29E
AT TOTAL DEPTH: Eddy County, New Mexico

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

5. LEASE
LC 058126

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Ballard Grayburg San Andres Unit

8. FARM OR LEASE NAME
Tract No. 6

9. WELL NO.
17

10. FIELD OR WILDCAT NAME
Loco Hills Queen Grayburg San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6, T-18-S R-29-E

12. COUNTY OR PARISH | 13. STATE
Eddy | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3625 GL

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Convert to Water Injection

RECEIVED
(NO Report results of multiple completion or zone change on Form 9-330.)
DEC 10 1982

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and 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. MIRUPU
2. TOH w/Rods & 2-3/8" Tbg.
3. TIH w/Injection Pkr. on 2-3/8" Salta Tbg.
4. Set Pkr Pressure Test Annulus to N.M.O.C.C. Specifications.
5. Unset Pkr - Load Annulus w/Pkr Fluid.
6. Equip well for water injection
7. Commence Water Injection in accordance with NMOCC order #7000.

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

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

SIGNED *Peter W. Chester* TITLE Prod. Engineer DATE 12/14/82

APPROVED (This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
DEC 14 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR *See Instructions on Reverse Side

*Postcard AD-3
12-31-82
chg to WdW*