

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)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.)

1. NAME OF OPERATOR Anadarko Production Company		5. LEASE DESIGNATION AND SERIAL NO. N. M. 23417	
2. ADDRESS OF OPERATOR P. O. Box 67, Loco Hills, New Mexico 88255		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 2310' FNL & 660' FEL Sec. 19, T18S, R29E Eddy County, New Mexico		7. UNIT AGREEMENT NAME	
4. PERMIT NO.		8. FARM OR LEASE NAME Travis "B" Federal	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3572' GR		9. WELL NO. 15	
16. COUNTY OR PARISH Eddy		10. FIELD AND POOL, OR WILDCAT Loco Hills Queen GSA	
17. STATE New Mexico		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19 - 18S - 29E	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

Other

Activate Well

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Activate Well

X

(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 was sand-pumped and returned to production January 1, 1980. It had been
Temporarily Abandoned for approximately two years.

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

SIGNED

TITLE

Area Supervisor

DATE

January 4, 1980

(This space for Federal or State office use)

APPROVED BY

TITLE

(Orig. Sgd.) GEORGE H. STEWART

ACTING DISTRICT ENGINEER

DATE

JAN 11 1980

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side