

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 ☐  
2. NAME OF OPERATOR  
**Anadarko Production Company**  
3. ADDRESS OF OPERATOR  
**P. O. Box 67, Loco Hills, New Mexico 88255**  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: **2310' FNL & 1650' FEL Sec. 19, T18S, R29E**  
AT TOP PROD. INTERVAL: **Same Eddy County, N. Mexico**  
AT TOTAL DEPTH: **Same**

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) <b>Activate Well</b>			<b>X</b>

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 on T. A. Status since 2-1-80.**

**It was re-activated effective 12-1-81.**

5. LEASE  
**NM - 23417** RECEIVED  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
**JAN 14 1982**  
8. FARM OR LEASE NAME  
**O. C. D. Travis "B" Federal** ARTESIA, OFFICE  
9. WELL NO.  
**16**  
10. FIELD OR WILDCAT NAME  
**Loco Hills-Queen-Grayburg-San Andres**  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**19 - 18S - 29E**  
12. COUNTY OR PARISH  
**Eddy**  
13. STATE  
**New Mexico**  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
**3574**

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *[Signature]* TITLE **Area Supervisor** DATE **January 14, 1982**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: