

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

EXPIRES DATE: 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back a well. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. NAME OF OPERATOR Anadarko Production Company	
3. ADDRESS OF OPERATOR P. O. Drawer 130, Artesia, New Mexico 88210	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 330' FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3552'

RECEIVED BY
JUN 03 1985
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO. LC - 058581	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Miller	
9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT Loco Hills-Queen-G-SA	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4 - 18S - 29E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Re-Plug & Abandon	

(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.) *

Note: NMOCD required this well be re-plugged to the satisfaction of the Artesia NMOCD prior to activating the new water injection well - Ballard #10-9.

1. Bladed pad; dug workover pit; set anchors; removed P & A marker.
2. Set 18' of 14" conductor pipe & redmixed to surface.
3. Rigged up pulling unit and reverse unit.
4. Dressed off 8-5/8" casing stub @ 18'; drilled scattered plugs with 6-1/8" bit and cleaned out to 1860'.
5. Spent 3 days drilling and cleaning out with reverse unit in attempt to reach bottom plug at 2350'; recovered wood, junk iron & pieces of old belt; never got below 1883'.
6. Rigged down reverse equipment and pulling unit; rigged up Salazar Rotary Rig #1.
7. Spent 2 days reaming & drilling in attempt to reach bottom plug @ 2350'; milled on junk (cable rope socket); never got below 1842'; TOH with bit.
8. Circulated hole with 10% Brine & Salt gel & flushed the following plugs with same:
1st. Plug - 50 sx Class H w/5% CaCl - - 1670' - 1845' - - (@ PBTD).
2nd. Plug - 60 sx Class H w/5% CaCl - - 675' - 885' - - (BX).
3rd. Plug - 75 sx Class H w/5% CaCl - - 350' - 376' - - (went downhole).
4th. Plug - 75 sx Class H w/5% CaCl - - 240' - 350' - - (TX & 8-5/8' csg shoe).
5th. Plug - 100 sx Class H w/5% CaCl - - Surface 50' - - (Surface Plug).

Note: No water flow was observed. Cementing was approved by: (1) Bob Pitschke w/BLM & (2) Mike Williams w/NMOCD on the condition we had no waterflow. Although no plugs were set below 1845', this well's T D actually does not penetrate the Grayburg Zone being flooded in immediate offset well #10-2, this accounting for no waterflow being encountered.

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

Continued on Page 2

SIGNED [Signature] TITLE Area Supervisor DATE May 28, 1985
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE JUN 12 1985
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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Budget Bureau No. 1004-0135
Expires August 31, 1985

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PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Re-Plug & Abandon

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Page 2

9. Rigged down drilling rig; cut off tie-downs; cleaned & leveled location; erected P & A marker.

Note: Plugging activities were witnessed by: Mike Stubblefield with NMOCD.

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

SIGNED

TITLE

Area Supervisor

DATE

May 28, 1985

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APPROVED BY

TITLE

DATE

JUN 12 1985

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