

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. Drawer 130, Artesia, New Mexico 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1810' FNL & 500' FWL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) _____

SUBSEQUENT REPORT OF:

☐
☒
☐
☐
☐
☐
☐
☐

5. LEASE

LC - 028772 a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Ballard Grayburg San Andres Unit

8. FARM OR LEASE NAME

Tract No. 1

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Loco Hills-Queen-Grayburg-San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

7 - 18S - 29E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

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

3632' GL

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

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.)*

1. Rigged up pulling unit; tripped out of hole with rods and tubing.
2. WIH with packer and RBP.
3. Straddled all Grayburg perforations.
4. Fraced down 2-7/8" tubing with 40,000 gals X-linked gel, 17,000# 20/40 sand and 120,000# 10/20 sand in 2 equal stages. AR&P = 27 BPM @ 3050#; ISDP = 1470#.
5. Retrieved packer and RBP.
6. Re-ran tubing and rods.
7. Returned well to pump.

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

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

SIGNED James A. Suchles TITLE Area Supervisor DATE December 18, 1984

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 27 1984

Carlblad

NEW MEXICO

*See Instructions on Reverse Side