

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

DEC 11 1991

FORM APPROVED
Budget Bureau No. 1004.0115
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM - 9011

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

O. C. D.

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

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well

☐ Gas Well

☒ Other

Water Injection Well

2. Name of Operator

Anadarko Petroleum Corporation

3. Address and Telephone No.

P.O. Drawer 130, Artesia, New Mexico 88211-0130 (505) 748-3368

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

20' FNL & 1500' FEL
Sec. 5 - T18S - R29E

7. If Unit or CA, Agreement Designation

Ballard Grayburg-San Andres Unit Tr. 8

8. Well Name and No.

5

9. API Well No.

30-015-20983

10. Field and Pool, or Exploratory Area

Loco Hills-GB-San Andres

11. County or Parish, State

Eddy County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Replaced 1 jt of tubing
& conducted csg integrity test

☐ Change of Plans

☐ New Construction

☐ Non Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form 1)

13. 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. RUPU.
2. Unset packer.
3. Replaced top joint of 2-3/8" internally plastic coated tubing.
4. Circulated chemical water between casing & tubing.
5. Reset packer.
6. Conducted casing integrity test (Chart attached & signed by John Robinson (NMOC over Artesia).
7. Returned to water injection (in accordance w/ NMOC Order R-4493, dated April 5, 1974).

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

Signed

James E. Suckles

Title

Area Supervisor

Date

12-16-91

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

