

C/SF

Form 3160-1  
**RECEIVED BY**  
(Formerly 9-331)  
**APR - 3 1985**  
**O.C.D.**  
**ARTESIA, OFFICE**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI DATE\*  
(Other instructions on re-verse side)

Form approved.  
Budget Bureau No. 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 to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>X - Water Injection Well</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC - 060888</b>
2. NAME OF OPERATOR <b>Anadarko Production Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P. O. Drawer 130, Artesia, New Mexico 88210</b>		7. UNIT AGREEMENT NAME <b>Ballard Grayburg San Andres Unit</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b> <b>20' FNL &amp; 1200' FWL</b>		8. FARM OR LEASE NAME <b>Tract No. 13</b>
14. PERMIT NO.		9. WELL NO. <b>3</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3569' GL</b>		10. FIELD AND POOL, OR WILDCAT <b>Loco Hills-Queen-Grayburg-San Andres</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>5 - 18S - 29E</b>
		12. COUNTY OR PARISH <b>Eddy</b>
		13. STATE <b>New Mexico</b>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.) \*

1. Rigged up pulling unit; TOH with tubing and packer.
2. WIH with packer and RBP.
3. Straddled perms from 2602' to 2707' and acidized with 1500 gals 15% NE-FE acid; AR&P = 3 BPM @ 1450#; TOH.
4. WIH with packer on 2-3/8" plastic lined tubing.
5. Circulated hole with fresh water and chemical; set packer @ 2447'; tested casing to 500# in accordance with NMOC rules and regulations. RDP.
6. Returned well to water injection.

18. I hereby certify that the foregoing is true and correct  
SIGNED M. H. Basswell TITLE Field Foreman DATE March 27, 1985

(This space for Federal or State office use)

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

**APR 2 1985**

\*See Instructions on Reverse Side

**Subject to  
Like Approval  
by State**