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Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
O. C. D.
ARTESIA, OFFICE

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 **X-Water Injection Well**

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: **1980' FSL & 2080' FEL**

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:

SUBSEQUENT REPORT OF:

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

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5. LEASE
LC - 058126

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Ballard Grayburg San Andres Unit

8. FARM OR LEASE NAME
Tract No. 6

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Loco Hills-Queen-Grayburg-San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
6 - 18S - 29E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3616.2' 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. Rig up pulling unit; TOH with packer and tubing.
2. GIH with packer and RBP.
3. Isolate all existing Grayburg perms not taking injection water and break down with acid.
4. TOH with packer and RBP.
5. GIH with injection packer on plastic lined tubing; circulate hole with fresh water and chemical; set packer and test casing to 500' in accordance with NMOC rules and regulations.
6. Return well to injection.

Note: Will run injection profile after sufficient water has been injected.

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

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

SIGNED Truman D. Jones TITLE Field Foreman DATE November 6, 1984

(This space for Federal or State office use)

APPROVED BY _____ TITLE AREA MANAGER DATE 11-9-84
CONDITIONS OF APPROVAL, IF ANY: CARLSBAD RESOURCE AREA

**Subject to
Like Approval
by State**

*See Instructions on Reverse Side