

NM 015 0015
Drawer 10
Intesia, NM 88401
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY

NOV 13 1984

O. C. D.

ARTESIA, OFFICE

Form Approved.
Budget Bureau No. 42-R1424

C/SF

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 & 660' 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: SUBSEQUENT REPORT OF:

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

X - Change Injection Profile

5. LEASE
N M - 14844
6. INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Ballard Grayburg San Andres Unit
8. FARM OR LEASE NAME
Tract No. 21
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Loco Hills-Queen-Grayburg-San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
8 - 18S - 29E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3537' 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 tubing and packer.
2. GIH with packer and RBP.
3. Isolate top Grayburg perforations and cement squeeze perfs.
4. TOH with packer; GIH with bit.
5. Drill out cement across Grayburg perfs; TOH with bit.
6. Re-perforate Upper Grayburg formation and acidize.
7. 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 NMOCD rules and regulations.
8. 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 M. H. Braswell TITLE Field Foreman DATE November 6, 1984

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE CARLSON, RESIDENT DATE 11-9-84

CONDITIONS OF APPROVAL, IF ANY: _____

**Subject to
Like Approval
by State.**

*See Instructions on Reverse Side