Form 3160-5 (August 1999)

Į **3D STATES** DEPARTMENT OF THE INTERIOR RUPEAU OF LAND MANAGEMENT

No Park Committee Committe

FORM APPROVED

OMB NO. 1004-0135 Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS				5. Lease Serial No.	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side 1. Type of Well				If Unit or CA/Agreement, Name and/or No.	
Oil Well X Gas Well Other 2. Name of Operator				Well Name and No. LCH FEDERAL #1	
Anadarko Petroleum Corp.				API Well No.	
3a. Address 3b. Phone No. (include are P.O. Box 2497, Midland, TX 79702 915/683-0538			30-015-22300		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FWL & 1980' FEL SEC 8, T-18-S, R-29-E			TR	D. Field and Pool, or Exploratory Area AVIS - YATES County or Parish, State DY NM	
12. CHECK APPROPRI	ATE BOX(ES) TO INDICAT	E NATURE OF NOTICE,	REPORT, OR	OTHER DATA	
TYPE OF SUBMISSION		TYPE OF A	ACTION		
X Notice of Intent	Acidize	Deepen	Production (Sta	, 📙	
Subsequent Report	Alter Casing	Fracture Treat	Reclamation	Well Integrity	
	Change Plans	New Construction X Plug and Abandon	Recomplete Temporarily At	Other	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
Attach the Bond under which the work will be perfollowing completion of the involved operations. If testing has been completed. Final Abandonment Not determined that the final site is ready for final inspection 1. CUT OFF DRY HOLE MARKER & INS 2. MIRU PU ON EXISTING CALICHE P 3. DRILLOUT CASING PLUGS TO 2189 4. LOAD & TEST CASING TO 300 PSI 5. RUN CBL, CNL, CCL & GR LOGS. 6. PERFORATE YATES SAND @ +/- 10 7. STIMULATE AND SWAB TEST. 8. PLACE ON PRODUCTION.	the operation results in a multipotices shall be filed only after .) TALL WELLHEAD. AD. .	ole completion or recompletion all requirements, including r	n in a new int	erval, a Form 3160-4 shall be filed once we been completed, and the operator has	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)	T	itle			
BOB O'DONOVAN		SUMMER ENGINEER			
m	oatc 07/02/01		<u> </u>		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by		Title		Date	
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations thereon.	those rights in the subject leas				

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