



### 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-Convert to WIW 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: **990' FSL & 1310' 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:

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

SUBSEQUENT REPORT OF:

- ☐  
☐  
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5. LEASE  
**LC - 050906**
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
**Ballard Grayburg San Andres Unit**
8. FARM OR LEASE NAME  
**Tract No. 5**
9. WELL NO.  
**14**
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)  
**3501' 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 rods and tubing.
2. GIH with bit and clean out to 2800' (if necessary); TOH.
3. Set CIBP at 2800'± to shut off San Andres perforations.
4. GIH with packer and acidize existing Grayburg perforations; TOH.
5. GIH with injection packer on 2-3/8" plastic lined tubing; circulate hole with fresh water and chemical; set packer and test casing to 500# in accordance with NMOCD rules and regulations.
6. Equip well for water injection.
7. Commence water injection in accordance with NMOCD Order # R-7773 dated 1-8-85.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Mike Brunwell TITLE Field Foreman DATE November 12, 1984

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE CRISTINA DATE 3-4-85  
CONDITIONS OF APPROVAL, IF ANY: OK

Subject to  
Like Approval  
by State