

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

LC-058582

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Ballard GSA Unit

8. Well Name and No.

11-6

9. API Well No.

30-015-23804

10. Field and Prod. or Exploratory Area

Loco Hills-Qn-GB-SA

11. County or Parish, State

Eddy, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

RECEIVED

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

OCT 19 '94

2. Name of Operator

Anadarko Petroleum Corporation

O. C. D.
ARTESIA, OFFICE

3. Address and Telephone No.

PO Drawer 130, Artesia, NM 88211-0130 (505) 677-2411

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

330' FNL & 200' FEL
Sec. 6, T18S, R29E

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other H₂S Concentration
& Radii of Exposure

☐ Change of Plans
☐ New Construction
☐ Non Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion or well completion or recompletion report and log form.)

13. 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.)*

The following REVISED H₂S Concentration & Radii of Exposure are hereby supplied as per BLM Onshore Order #6, Part 3160.1, III, A, 2, C.

3.3	13,500	14.4'	6.6'
Gas Volume	H ₂ S ppm	100 ppm	500 ppm
(MCFPD)		Radii of Exposures	

RECEIVED
SEP 26 9 35 AM '94
GAS
AREA

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

Signed

Charles E. [Signature] Title Field Foreman

Date 09-22-94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make in any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side