

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-058581

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
Ballard GSA Unit

8. Well Name and No.
10-8

9. API Well No.
30-015-24113

10. Field and Pool, 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

SUBMIT IN TRIPLICATE RECEIVED

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Anadarko Petroleum Corporation

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 & 330' FEL
Sec. 5, T18S, R29E

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

TYPE OF SUBMISSION	TYPE OF ACTION
☐ Notice of Intent	☐ Abandonment
☒ Subsequent Report	☐ Recompletion
☐ Final Abandonment Notice	☐ Plugging Back
	☐ Casing Repair
	☐ Altering Casing
	☒ Other <u>H₂S Concentration & Radii of Exposure</u>
	☐ Change of Plans
	☐ New Construction
	☐ Non Routine Fracturing
	☐ Water Shut-Off
	☐ Conversion to Injection
	☐ Dispose Water

(Note: Report results of multiple completion on 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.

6.3	12,500	20.5'	9.4'
Gas Volume	H ₂ S ppm	100 ppm	500 ppm
(MCFPD)		Radii of Exposures	

SEP 26 9 25 AM '94
RECEIVED

18 1994

RLSBAD, NEW ME

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

Signed [Signature] Title Field Foreman Date 09-22-94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: