

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED BY

NOV 13 1984

Form Approved.
Budget Bureau No. 42-R1424

C/SF

5. LEASE

O. C. D.
LC 063808

ARTESIA, OFFICE
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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: **2310' FNL & 1980' 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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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(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. Move in and rig up pulling unit; TOH with tubing and packer.
2. GIH with packer and RBP.
3. Isolate Grayburg perms: 2563-73, 2603-21, 2638-63 and 2672-89 and break down each set with acid.
4. TOH with packer and RBP.
5. GIH with packer on plastic lined tubing; circulate hole with fresh water and chemical; set packer and test casing to 500# in accordance with NMOC rules and regulations.
6. Return well to injection.

Note: Will run injection profile after a sufficient amount of water has been injected.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *Min Brumwell* TITLE Field Foreman DATE November 6, 1984

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

11-9-84

**Subject to
Like Approval
by State**