

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

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

c/sf

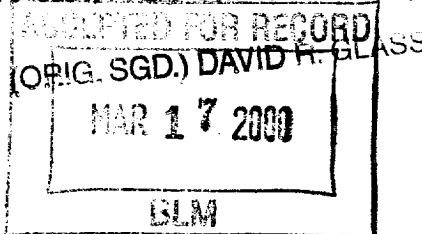
SUBMIT IN TRIPLICATE - Other instructions on reverse side		5. Lease Serial No. LC-029389-B
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name N/A
2. Name of Operator Anadarko Petroleum Corp.		7. If Unit or CA/Agreement, Name and/or No. N/A
3a. Address P.O. Box 2497, Midland, TX 79702	3b. Phone No. (include area code) 915-7682-1666	8. Well Name and No. WILMAR FED. #4
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990' FNL & 2310' FWL SEC 4, T-18S, R-31E		9. API Well No. 30-015-25618
		10. Field and Pool, or Exploratory Area SHUGART, N. BONE SPRINGS
		11. County or Parish, State EDDY NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other ADD PAY
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	3RD BONE SPRINGS
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	DOLOMITE

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

- 1) TOH W/RODS, PMP & TBG.
- 2) DRILLED OUT CEMENT TO 8590' (5-1/2 CSG IS SET TO 8600').
- 3) PERF 3RD BONE SPRINGS DOLOMITE PAY (8470-8564).
- 4) ACDZ 3RD BONE SPRINGS DOLOMITE PAY W/2000 GALS 15% HCL + 75 BS.
- 5) POP 12/11/1999 AND COMMINGLE WITH OTHER BONE SPRINGS PRODUCTION IN WELL.
- 6) PBTD @ 8590'.
- 7) 01/04/2000 PMPD 24 HRS, REC 10 BO, 14 BW, 17 MCF.
- 8) TOTAL PERFS: 3RD BONE SPRING DOLO (8470-8564) + 2ND BONE SPRING SD (8092-8380).



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

Name (Printed/Typed)

BETTY FLANAGAN

Betty Flanagan

Title

SR. CLERK TYPIST

Date

03/15/2000

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

RECEIVED
BUREAU OF LAND RIGHT
ROSWELL OFFICE

2000 MAR 16 A 9 14