

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-29215
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name Ballard Grayburg San Andres Unit Tract #25
8. Well No. 5
9. Pool name or Wildcat Loco Hills-On-BG-SA
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3547' GR

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 "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Anadarko Petroleum Corporation 000817
3. Address of Operator PO Box 37, Loco Hills, NM 88255	4. Well Location Unit Letter <u>I</u> : <u>2625</u> Feet From The <u>South</u> Line and <u>1200</u> Feet From The <u>East</u> Line Section <u>5</u> Township <u>18S</u> Range <u>29E</u> NMPM <u>Eddy</u> County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Witness Braidenhead Valves <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Cellar is open for NMOCD inspection.  
(New well)

RECEIVED

APR 17 1997

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Howard Hackett TITLE Field Foreman DATE 04-14-97  
TYPE OR PRINT NAME Howard Hackett TELEPHONE NO. 505/677-2411

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APR 4 1997

CONDITIONS OF APPROVAL, IF ANY: