

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-81424

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 ☐ gas ☒ other ☐
2. NAME OF OPERATOR
Anadarko Production Company
3. ADDRESS OF OPERATOR
P. O. Box 67, Loco Hills, New Mexico 88255
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1910' FSL & 2250' FEL Sec. 20, T19S, R31E
AT TOP PROD. INTERVAL: Same Eddy County, New Mex.
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 <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

X Abandon Morrow; Complete in Atoka

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.)*

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10. Pull tubing to 11,500' KB.
11. Circulate out excess acid using 8.4#/gal 3% KCL packer fluid.
12. Pull tubing.
13. Perforate Atoka 11,518' - 46' KB using 3-3/8" cased gun w/4" charges @ 2 SPF.
(Total holes = 56 w/.5" diam.)
14. Hydrotest in hole with packer.
15. Remove BOP & install X-tree.
16. Set 4 1/2" Baker Lok-set packer @ 11,490' KB w/Vent assembly directly below packer & blanking plug in place.
17. Flow test well.
18. Swab, acidize and/or place well on production.

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

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

SIGNED Jerry E. Suchler TITLE Area Supervisor DATE September 9, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE

NM - 0557729

6. IF INDIAN, ALLOTTEE OR TRIBE NAME **SEP 14 1981**

7. UNIT AGREEMENT NAME **O. C. D.**

8. FARM OR LEASE NAME **Federal Hanson Com.**

9. WELL NO. **1**

10. FIELD OR WILDCAT NAME **Undesignated**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA **20 - 19S - 31E**

12. COUNTY OR PARISH **Eddy** 13. STATE **New Mexico**

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) **3452.0 GL**

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

0-9
10-19
20-29
30-39