

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

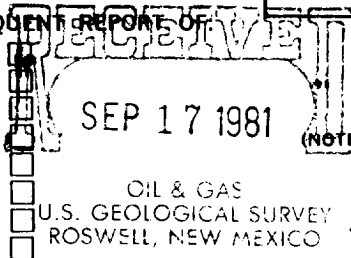
**SUNDRY NOTICES AND REPORTS ON WELLS**

(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 ☐
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:  
TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☒  
(other) \_\_\_\_\_

SUBSEQUENT REPORT OF



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

**X Abandon Atoka; complete in Bone Springs**

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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7. Perforate 4 cement-squeeze holes @ 9450' KB.  
Note: T<sup>o</sup> Survey shows CT @ 8800' KB; Cement Bond Log shows CT @ 10,400' KB.
8. Will attempt to establish circulation from 9450' to surface (out of braidenhead).  
Will cement with enough cement to bring CT to 7000' KB.
9. Will block squeeze @ 9450' & 9350' if circulation to surface cannot be established.
10. Perforate Bone Springs (9388'-9410' KB) @ 2 SPF (total holes = 44 w/1/2" diam.)
11. Acidize (1000 gals 15% NE + 88 BS) and swab test.
12. Will either: (1) hook up to produce if commercial.  
(2) P & A this zone and complete further up hole.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *Alvin E. Duckles* TITLE Area Supervisor DATE September 16, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: