## Submit 3 Copies to Appropriate District Office

DISTRICTAL

## State of New Mexico Energy, Minerals and Natural Resources Department

Form	C-103
barle	41.1.89

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DISTRICT	J neo	Hobbi	NM	88240
3'11 MOVE !	I YAKU.	HUUVE	7 4644	00270

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.		
30-015-27190		

STATELX

5. Indicate Type of Leane

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

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER:

p.	: ·		-	5	1QCA
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DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	MR + G 1904	6. State Oil & Gan Leane No. E=2943
SUNDRY NOTICES AND REPORTS ON WELL ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O DIFFERENT RESERVOIR, USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	ALL LOG BROK TO A	7. Lease Name or Unit Agreement Name
I. Type of Well:  OIL GOAN WELL OTHER		Continental "A" State
" LE 12"		8. Well No.
Name of Operator		10
Anadarko Petroleum Corporation V	9. Pool name or Wildcat	
Address of Operator	20	Turkey Track 7R, On, GB, SA
PO Box 130, Artesia, N. M. 88211-01	30	1 4 1 7 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Well Location  Unit Letter P :660 Feet From TheSouth	Une and _660	Feet From The <u>East</u> Line
Section 10 Township 19S Rai	nge 29E DF, RKB, RT, GR, etc.)	NMPM Eddy County
///////// 3364'	GR	
Check Appropriate Box to Indicate N	Vature of Notice, P	leport, or Other Data
11. Check Appropriate box to incidence i	CIT	SEQUENT REPORT OF:
NOTICE OF INTENTION TO:	301	· · · · · · · · · · · · · · · · · · ·
PERFORM REMEDIAL WORK X PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT 🔲

CASING TEST AND CEMENT JOB

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.

OTHER:

- 1. MIRUPU. TOH with rods and tubing.
- 2. Set RBP above existing Queen perfs.
- 3. Perforate 7 Rivers pay zone from 1600-1700.

**CHANGE PLANS** 

- 4. Acidize and fracture treat.
- 5. Pull RBP and return to pump with both zones open.

I hereby certify that the information above in true and complete to the hest of my knowled	ge and belief.	
	mm <u>Field Foreman</u>	DATE 4-2-94
SIGNATURE		TELETIONE NO. 677-2411
TYTE OR FRONT NAME Mike Braswell		
(This space for State Use)  5 UPF RVISOR, DISTRICT II	_ 1111.5	APR 8 1994
APROVED BY		