

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP  
(Other instruction  
volume side)

Form approved,  
Budget Bureau No. 42-R1424.  
UNIT NAME REGISTRATION AND SERIAL NO.

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—" for such proposals.)

IC 065658

1. OIL WELL  GAS WELL  OTHER  Water Supply Well

2. NAME OF OPERATOR  
Anadarko Production Company

3. ADDRESS OF OPERATOR  
P.O. Box 806 Eunice, New Mexico 88231

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1330' FNYWL

7. UNIT AGREEMENT NAME  
Teas Yates Unit

8. FARM OR LEASE NAME  
Teas Yates

9. WELL NO.  
1 Federal "W"

10. FIELD AND POOL, OR WILDCAT  
Teas Capital Reef

11. SEC., T., R., OR BLM. AND SURVEY OR AREA  
S 14 T 20S R 33E

12. COUNTY OR TRIBAL RESERVE AND STATE  
Lea NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, OR, etc.)

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Change Name

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

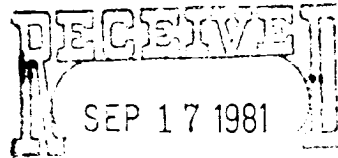
SHOOTING OR ACIDIZING

(Other) \_\_\_\_\_

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion to this work.)\*

1. We request the name of this well to be changed from Teas Yates Unit #1 Federal "W" to Teas Yates Unit Water Supply Well #1. This well has been tested and it does not make any oil or gas.
2. As yet, the surface damage has not been rectified as to original status.



OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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

SIGNED Howard D. Fackell TITLE Production Foreman

DATE Sept. 10, 1981

(This space for Federal or State Approval)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

SEP 23 1981

FOR  
JAMES A. GILLHAM See Instructions on Reverse Side  
DISTRICT SUPERVISOR

Vertical stamp on right edge of page.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is crucial for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the specific procedures and protocols that must be followed to ensure that all records are properly maintained and updated. It details the roles and responsibilities of various staff members in this process.