

OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

C/S

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY RECEIVED

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.)

BUR. OF LAND MGMT
ROSWELL DISTRICT

1. oil well gas well other

2. NAME OF OPERATOR
Anadarko Production Company

3. ADDRESS OF OPERATOR
P. O. Drawer 130, Artesia, New Mexico 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 660' FWL
AT TOP PROD. INTERVAL: Same
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)			

X - Notification of Waterflow and intent to repair

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

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.)*

Note: This well is flowing approx. 5 BWPD out of braidenhead. The top of cement is @ 1130' which is 20' above top of Tansill Zone and 75' below main base of Salt section but cement top is still in a ratty salt. Could not cement squeeze above cement top because of ratty salt if perforated @ cement top. Plan to cement squeeze down braidenhead with 300 sx cement to shut off water flow.

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

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

SIGNED Mike Brunwell TITLE Field Foreman DATE July 26, 1983

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 22 1983

5. LEASE NM - 0749

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME **AUG 23 1983**

8. FARM OR LEASE NAME **O. C. D. Loco Hills Federal**

9. WELL NO. **8**

10. FIELD OR WILDCAT NAME **Grayburg-Jackson-Queen-San Andres**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA **15 - 17S - 30E**

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) **3690' GL**

RECEIVED BY
AUG 23 1983
O. C. D.
ARTESIA, OFFICE