N. M. O. C. G. U. Form approved, Budget Bureau No. 42-R1424. LICATE* Form 9-331 (May 1963) **NITED STATES** DEPARTIMENT OF THE INTERIOR (Other instruction verse side) is on re-5. LEASE DESIGNATION AND SERIAL NO. LC 028936(d) GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME OIL OTHER WELL 8. FARM OR LEASE NAME 2. NAME OF OPERATOR Anadarko Production Company Federal M 9. WELL NO. 3. ADDRESS OF OPERATOR Loco Hills, New Mexico 88255 Box 67 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) 2310 * FS & EL 10. FIELD AND POOL, OR WILDCAT Loco Hills 11. SEC., T., B., M., OR BLK. AND SURVEY OR AREAS1-17-30 Sec. 31, T 17 S, R 30 E Eddy County, New Mexico 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. New Mexico Eddy Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT* SHOOTING OR ACIDIZING ABANDON* SHOOT OR ACIDIZE CHANGE PLANS (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) Be-Activate T. A. Well 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.) * Intend to check TD of well, run tubing, rods & pump, set pumping unit and return well to production status. STOEIVED 9 1971 RECEIVE APR 26 1971 U R GEOLOGICAL

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18. I hereby certify that the foregoing is true and correct	TITLE	District Superintendent	DATE 19 April 1971
(This space for Federal or State office use)			
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE

*See Instructions on Reverse Side