

CSF

Form 3160-5
 (June 1990)

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

FORM APPROVED
 Budget Bureau No. 1004-0135
 Expires: March 31, 1993

5. Lease Designation and Serial No.
 LC-029342-B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
 Loco Hills Fed B #3-17

9. API Well No.
 30-015-20643

10. Field and Pool, or Exploratory Area
 GB-J-7R-Q-GB-SA

11. County or Parish, State
 Eddy, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
 Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE RECEIVED

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
 Anadarko Petroleum Corporation

3. Address and Telephone No.
 PO Drawer 130, Artesia, NM 88211-0130 (505) 870-2411

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 1980' FNL & 1980' FWL
 Sec. 17, T17S, R30E

OCT 19 '94

12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>H₂S Concentration & Radii of Exposure</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non Routine Fracturing
	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13 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.)*

The following REVISED H₂S Concentration & Radii of Exposure are hereby supplied as per BLM Onshore Order #6, Part 3160.1, III, A, 2, C.

<u>4.1</u>	<u>1800</u>	<u>4.7'</u>	<u>2.1'</u>
Gas Volume	H ₂ S ppm	100 ppm	500 ppm
(MCFPD)		Radii of Exposures	

RECEIVED
 SEP 26 9 42 AM '94
 CARI AREA

14 I hereby certify that the foregoing is true and correct

Signature: [Signature] Title: Field Foreman Date: 09-22-94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
 Conditions of approval, if any: