

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN
(Other Instru
verse side)

ATTN
B re

Budget Bureau No. 1004-0135
Expires August 31, 1985

9SF

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.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Anadarko Production Company

3. ADDRESS OF OPERATOR
P. O. Drawer 130, Artesia, New Mexico 88208

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

RECEIVED BY
JUN 03 1985
O. C. D.
88208 ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
LC - 058581

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Miller

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Loco Hills-Queen-G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4 - 18S - 29E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

2310' FNL & 990' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
Unknown

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	Re-plug & Abandon	<input checked="" type="checkbox"/>

(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 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: NMOCD required this well be re-plugged to the satisfaction of the Artesia NMOCD prior to activating the new water injection well - Ballard #10-9.

1. Bladed pad; dug workover pit; set anchors; removed P & A marker.
2. Set 40' of 14" conductor pipe & redimixed to surface.
3. Rigged up pulling unit and reverse unit.
4. Cleaned out with 6-1/8" bit; found 8-5/8" stub @ 94' & 7" stub @ 1849'.
5. Bit stopped @ 2350'; used bits & cutrite shoes to try to drill, mill & wash over junk. Washed over junk from 2350-58' but couldn't drill up or fish this junk. Mike Williams (w/NMOCD) gave verbal approval on 5-10-85 (after 3 unsuccessful days) to P&A from 2350'.
6. Circulated hole w/10# Brine & Salt gel & flushed plugs with same:
1st. Plug - 50 sx Class H w/5% CaCl - - 2130' - 2350' - - (near 7" shoe @ Grayburg Top).
2nd. Plug - 60 sx Class H w/5% CaCl - - 1790' - 1900' - - (across 7" stub).
3rd. Plug - 75 sx Class H w/5% CaCl - - 875' - 930' - - (at base of Salt).
4th. Plug - 25 sx Class H w/5% CaCl - - 830' - 875' - - (at base of Salt).
5th. Plug - 75 sx Class H w/5% CaCl - - 305' - 356' - - (Top of Salt & across 8-5/8" stub).
6th. Plug - 25 sx Class H w/5% CaCl - - 256' - 305' - - (Top of Salt & across 8-5/8" stub).
7th. Plug - 100 sx Class H w/5% CaCl - - 94' - 145' - - (Across 8-5/8" casing stub).
8th. Plug - 55 sx Class H w/5% CaCl - - Surface- 94' - - (Across 8-5/8" stub & Surface Plug).

Note: Mike Williams agreed to omitting the plug separating the Grayburg-Jackson formations since this Ballard Grayburg Jackson was waterflooding both zones.

Continued on Page 2

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

SIGNED [Signature] TITLE Area Supervisor DATE May 28, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

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Page 2

7. Rigged down pulling unit; cleaned & leveled location; cut off anchors; erected
P & A marker.

Note: Plugging activities were witnessed by: Mike Stubblefield with NMOCD.

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TITLE

Area Supervisor

DATE

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