

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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APR 27 1993

FORM APPROVED  
Budget Bureau No. 1004 0115  
Expires: March 31, 1993

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

1. Type of Well  
 Oil Well    Gas Well    Other

2. Name of Operator  
 Anadarko Petroleum Corporation ✓

3. Address and Telephone No.  
 P.O. Drawer 130, Artesia, New Mexico 88211-0130 (505) 677-2411

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
 1709' FNL & 2234' FEL  
 Sec. 7 - T18S - R29E

5. Lease Designation and Serial No.  
 LC-028772D

6. If Indian, Allottee or Tribe Name  
 8910123990

7. If Unit or CA, Agreement Designation  
 Ballard-GB-SA-Unit

8. Well Name and No.  
 Tract No. 3, Well #2

9. API Well No.  
 30-015-24266

10. Field and Pool, or Exploratory Area  
 Loco Hills-On-GB-SA

11. County or Parish, State  
 Eddy, New Mexico

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>TA Status</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.)

A Casing Integrity test was run on this well (03-25-92) with no pressure loss. We are asking for an exemption to test at this time. Also, we are requesting continuation of TA status for another year.

If this is unacceptable, please advise.

*[Signature]* 3/98 *[Signature]*

APPROVED FOR 12 MONTH PERIOD  
ENDING 3/25/94

RECEIVED  
MAR 18 10 45 AM '93  
CARTER AREA OFFICE

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

Signed *Howard W. Shickell* Title Field Foreman Date 03-17-93

(This space for Federal or State office use)

Approved by (ORIG. SGM) DAVID B. GLASS Title Supervisor Date APR 20 1993

Conditions of approval, if any: