

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 18498

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
Cato San Andres

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 7, 9S, 30E

12. COUNTY OR PARISH 13. STATE
Chaves New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐ JUN 11 1983

2. NAME OF OPERATOR
Anderson Oil Properties

O. C. D.
ARTESIA, OFFICE

3. ADDRESS OF OPERATOR
P.O. Box 8307 La Jolla, CA 92038

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

1980' FNL, 660' FEL of Sec. SE $\frac{1}{4}$ NE $\frac{1}{4}$, Unit H

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4042 D.F.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

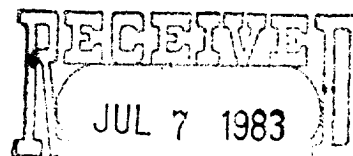
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

5-25-83 Repaired Motor, pulled and replaced pump. POP.

5-30-83 Rods parted, Pulled rods dropped standing valve found tubing Leak. Replaced bad tubing, re-ran tubing, rods and pump. POP.

6- 5-83 Tested well, pumping 16.65 barrels of oil and 30 barrels of water. On production.



OIL & GAS

ROSWELL, NEW MEXICO

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

SIGNED

TITLE Operator's Agent

DATE 7-8-83

(This space for Federal or State office use)
PETER W. CHESTER

APPROVED BY
CONDITIONS OF APPROVAL

TITLE

DATE

*See Instructions on Reverse Side