

**UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

**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.)

APR 19 1979

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>NM 17432</b>	
2. NAME OF OPERATOR <b>Anadarko Production Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>P.O. Box 67, Loco Hills, New Mexico 88255</b>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>660' FSL &amp; 660' FWL Sec. 20, T 13S, R 31E Chaves Co., New Mexico</b>		8. FARM OR LEASE NAME <b>Dalport Federal</b>	
14. PERMIT NO.		9. WELL NO. <b>1</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4054.3</b>		10. FIELD AND POOL, OR WILDCAT <b>Caprock Queen</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>20-13S-31E</b>	
		12. COUNTY OR PARISH <b>Chaves</b>	
		13. STATE <b>New Mexico</b>	

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

NOTICE OF INTENTION TO:

<input type="checkbox"/> 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
(Other)	

SUBSEQUENT REPORT OF:

<input type="checkbox"/> 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*
(Other) <b>Set Casing</b>	

(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.)\*

1. Rigged Up Rotary tools on 4/9/79
2. Spudded 11" hole @ 10:00 AM 4/10/79. Drilled to 360' KB.
3. Set 355' KB of 85/8", 24#, K-55, 8rd, ST&C casing.  
NOTE: Joe Lara (USGS Artesia) was notified by telephone prior to setting surface casing.
4. Halliburton cemented w/250 sx class H w/2% Ca CL. circulated 100sxs cement to pit. PD @ 4:00 PM 4/10/79.
5. Installed and tested a series 900 Double Ram Hydraulic BOP.
6. Drilled cement plug and casing shoe after 12 hr. WOC.
7. Drilled to 2573'.
8. Cored 2573'-2623' (core #1-red siltstone, salt & anhydride).
9. Cored 2623'-2672' (core #2-red siltstone, salt & anhydride).
10. Drilled to 2700'.
11. Schlumberger ran GR/Comp. Neutron-Density Log & Dual Laterolog.
12. Ran DST #1 from 2450'-2700'. OT-10 mins. w/Flow rate of 600 MCFPD, GTS-1 min., SI-1 hr. OT-1 hr w/flow rate 1070 MCFPD (310 psi on 3/8" choke), SI-3 hrs. IH-1470, IF-344-486, ISI-665, FF-457-599, FSI-672, FH-1448.  
Sample: 2.46 cu. ft. gas & 100 cc highly gas cut DM @ 480 psi.  
Recovered 477' of v/highly gas cut DM.

13. Drilled to 2700'

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

SIGNED <i>[Signature]</i>	TITLE <b>Area Supervisor</b>	DATE <b>4-16-79</b>	
(This space for Federal or State office use)			
APPROVED BY <i>[Signature]</i>	TITLE <b>ACTING DISTRICT ENGINEER</b>	DATE <b>APR 18 1979</b>	
CONDITIONS OF APPROVAL, IF ANY:			

\*See Instructions on Reverse Side

**RECEIVED**

**APR 23 1979**

**OIL CONSERVATION COMM.  
MOBIL, N. M.**