ITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.)

5. LEASE DESIGNATION AND SERIAL N.

NM 35612

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

	OIL WELL	[X]	GAS WELL	[ ]	OTHER

2. NAME OF OPERATOR

Anadarko Petroleum Corporation

3. ADDRESS OF OPERATOR

P.O. Box 806   Eunice, NM 88231

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

Sec 31, Twp 19S, R 32E

660' FNL & 660' FWL

At top interval: same

At total depth: same

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Polewski Fed

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

West Lusk-Delaware

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

Sec 31, T 19S, R 32E

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
300 25 20161	3518.0 GL	Lea	NM

16.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF [ ]	PULL OR ALTER CASING [ ]	WATER SHUT-OFF [ ]	REPAIRING WELL [ ]
FRACTURE TREAT [ ]	MULTIPLE COMPLETE [ ]	FRACTURE TREATMENT [X]	ALTERING CASING [ ]
SHOOT OR ACIDIZE [ ]	ABANDON* [ ]	SHOOTING OR ACIDIZING [ ]	ABANDONMENT* [ ]
REPAIR WELL [ ]	CHANGE PLANS [ ]	(Other)	
(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.)*

1. MIRUPU. TOH w/ rods & pump. TOH w/ 2 7/8" tbg.
2. TIH w/ 5½" treating PKR. Set @ 6920'.
3. Frac lower Delaware perfs from 7024' to 7056' w/19,680 gal of gelled
    2% KCL water & 30,000# of 20/40 sand.
4. Shut well in overnight.
5. Flow pressure from well. TIH w/ 2 7/8" tbg. Clean up frac sand.
    Run pump & rods.
6. POP 7/22/88. Test 8-7-88 200 BO   35 BW   149 MCF gas.

RECEIVED

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

SIGNED _(signature)_	TITLE **Field Foreman**	DATE **8-10-88**

(This space for Federal or State office use)

APPROVED BY _____	TITLE _____	DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SJS

*See Instructions on Reverse Side