

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NAME
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

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		3a. Area Code & Phone No. 505-748-3368		5. LEASE DESIGNATION AND SERIAL NO. NM - 14000
2. NAME OF OPERATOR Anadarko Petroleum Corporation				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Drawer 130, Artesia, New Mexico 88211-0130				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 2310' FNL & 2310' FEL				8. FARM OR LEASE NAME Burleson Federal
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, CR, etc.) 3752' G.L.		9. WELL NO. 3
				10. FIELD AND POOL, OR WILDCAT Querecho Plain Upper Bone Spring
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26-18S-32E
		12. COUNTY OR PARTIAL		13. STATE Lea N.M.

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

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

Anadarko recently purchased this wellbore from TXO. We hereby request permission to leave this well T.A. for six months. This will give us time to formulate plans for a workover or recompletion attempt.

API # 30-025-29573-0000

RECEIVED

APR 27 1990

APR 27 1 30 PM '90

APPROVED FOR 6 MONTHS

ENDING 1/1/90

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

SIGNED John E. Auchter

TITLE Area Supervisor

DATE 4-26-90

(This space for Federal or State office use)

Orig. Signed & Approved

APPROVED BY

TITLE

DATE

5-8-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side