

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRI  
(Other instruction  
verse side)

Form approved.  
Budget Bureau No. 42-21424.  
REGISTRATION AND SERIAL NO.

P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

NM 05148

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Water Injection Well</u>	7. UNIT AGREEMENT NAME <u>Teas Yates Unit</u>
2. NAME OF OPERATOR <u>Anadarko Production Company</u>	8. FARM OR LEASE NAME <u>Tract #13</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 806 Eunice, New Mexico 88231</u>	9. WELL NO. <u>1</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660' FSL &amp; 660' FWL</u> <u>Sec 11, T 20S, R 33E</u>	10. FIELD AND POOL, OR WILDCAT <u>Teas Yates</u>
14. PERMIT NO.	11. SEC., T., R., M. OR BLM. AND SURVEY OR AREA <u>11-20S-33E</u>
15. ELEVATIONS (Show whether DP, RT, GR, etc.) <u>3540 GR</u>	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	

(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 and 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.)\*

Notice was submitted for Major Workover to repair well. Approval was granted 5-12-81.  
Due to down hole conditions, we have decided to plug & abandon this well.  
Notice to P&A was submitted and approved by USGS.

RECEIVED  
SEP 23 1981

U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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

SIGNED <u>John C. English</u>	TITLE <u>Area Supervisor</u>	DATE <u>9/23/81</u>
(This space for Federal or State space use)		
APPROVED BY (Orig. Sgd.) <u>PETER W. CHESTER</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY: <u>SEP 23 1981</u>		
FOR <u>JAMES A. GILLHAM</u> DISTRICT SUPERVISOR		

\*See Instructions on Reverse Side