

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other Instructions on
reverse side)Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 065447

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/> Water Injection Well	7. UNIT AGREEMENT NAME Teas Yates Unit
2. NAME OF OPERATOR Anadarko Production Company	8. FARM OR LEASE NAME Tract 3
3. ADDRESS OF OPERATOR P.O. Box 806 Eunice, New Mexico 88231	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL & 1980' FEL Sec. 13, T 20S, R 33E Lea County, NM	10. FIELD AND POOL, OR WILDCAT Teas Yates Seven Rivers
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-20S-33E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3601 EST	12. COUNTY OR PARISH Lea
	13. STATE NM

RECEIVED

NOV 20 1980

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

Clean out & resume wtr inj X
(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. RUPU. TOH w/2-3/8" PVC lined tubing & inj PKR.
2. TIH w/4-3/4" bit & 2-7/8" tubing. Tag filled @3370'.
3. CO inside 5 1/2" csg from 3370' to PBTD 3478'.
4. TOH w/bit.
5. TIH w/5 1/2" inj PKR on 2-3/8" PVC lined tubing.
6. Load backside w/PKR fluid (Chemical laden fresh wtr.)
7. Set PKR @3138' w/10 points tension.
8. RDPU & resume wtr inj. 8-27-80.
9. WO pit covered & leveled.

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

SIGNED

TITLE

Area Supervisor

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE 11-19-80
ACCEPTED FOR RECORD

DATE

DEC 3 1980

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side