

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

PERMIT IN THE STATE  
(Other Instructions on reverse side)

Form approved  
Budget Bureau No. 42 R1424  
5. LEASE DESIGNATION AND SERIAL NO.  
NM 0435  
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 type="checkbox"/> Water Injection Well   |  | 7. UNIT AGREEMENT NAME<br>Teas Yates Unit                    |  |
| 2. NAME OF OPERATOR<br>Anadarko Production Company   |  | 8. FARM OR LEASE NAME<br>Tract 11                            |  |
| 3. ADDRESS OF OPERATOR<br>P O Box 806 Eunice, NM 88231   |  | 9. WELL NO.<br>1   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>990' FNL & 2310' FEL, Section 14,<br>Township 20S, Range 33E |  | 10. FIELD AND POOL OR WILDCAT<br>Teas                        |  |
| 14. PERMIT NO.   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>14-20-33 |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3592' GL   |  | 12. COUNTY OR PARISH<br>Lea                                  |  |
|  |  | 13. STATE<br>NM  |  |

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) <input type="checkbox"/>             |   |

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 w/ bit & resume wtr. inj.    |  |

(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 tbg. & 5½ tension PKR.
2. TIH w/ 4 3/4" bit & 2 7/8" tbg.
3. CO OH Section to PBTD @ 3288'.
4. TOH w/ 2 7/8" tbg & 4 3/4" bit.
5. TIH w/ 5½ tension PKR on 2 3/8" PVC tbg.
6. Load backside w/ PKR fluid.
7. Set PKR @ 3148' w/ 13 points.
8. RDPU & resume water inj.
9. Workover pit measuring approx 10' x 20' within well pad area. Will fill & level.

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

SIGNED Harold Ziebart TITLE Production Foreman

DATE 10-2-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
DATE \_\_\_\_\_

OCT 8 1980

U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side