

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1001-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Anadarko Petroleum Corporation

3. Address and Telephone No.

PO Drawer 130, Artesia, NM 88211-0130 (505) 677-2411

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 1650' FSL
Sec. 14, T20S, R33E

LC-065658

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Teas Yates Unit

8. Well Name and No.

#5-2

9. API Well No.

30-025-1730

10. Field and Prod. or Exploratory Area

Teas Yates Seven Rivers

11. County or Parish, State

Lea, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other H₂S Concentration
& Radii of Exposure

☐ Change of Plans

☐ New Construction

☐ Non Routine Fracturing

☐ Water Shut Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

The following REVISED H₂S Concentration & Radii of Exposure are hereby supplied as per BLM Onshore Order #6, Part 3160.1, III, A, 2, C.

2
Gas Volume
(MCFPD)

15,000
H₂S ppm

11.2'
100 ppm

5.1'
500 ppm

Radii of Exposures

OCT 21 11 47 AM '94
RECEIVED

2 1994

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

Signed Howard D. Zickert Title Field Foreman Date 10-18-94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____