

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME <i>Teas Yates Unit</i>
2. NAME OF OPERATOR <i>Anadarko Production Company</i>	8. FARM OR LEASE NAME <i>Tract 5</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 806 Eunice New Mexico 88231</i>	9. WELL NO. <i>2</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>660' FNL &amp; 1650' FWL Sec 14, T 20S, R 33E</i>	10. FIELD AND POOL, OR WILDCAT <i>Teas Yates</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 14, T 20S, R 33E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3541' DF</i>	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

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 checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input 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 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. MI & RUCU. TOH w/rods, pump & tbg.
2. RU Dresser Atlas. Perforate additional Yates in 7" csg @ 3174' to 3180' & 3185' to 3219' w/2 JSPF.
3. TIH w/7" treating PKR on 2-3/8" tbg. Spot 500 gal Xylene. Set PKR @ 3100'. SI 24 hrs.
4. Swab into steel pit.
5. Acidize in 5 stages using 4,000 gal 20% NEFE Acid, 1,500 bbls prod wtr & 1,700# Rock Salt. Flush w/100 bbls prod wtr.
6. SI overnight.
7. Swab into steel pit.
8. TOH w/treating PKR.
9. TIH w/tbg, SSP & rods. POP.
10. No surface disturbance will be required.
11. Verbal approval from Jim Gillam, Roswell office on 3-23-82.

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MAR 23 1982

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

SIGNED <i>John C. English</i>	TITLE <i>Area Supervisor</i>	DATE <i>3/24/82</i>
(This space for Federal or State office use) (Orig. Sgd.) PETER W. CHESTER		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY: <i>MAR 31 1982</i>	TITLE	DATE
FOR JAMES A. GILHAM	*See Instructions on Reverse Side	

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O.C.D.  
HOSS OFFICE