

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL & GAS COMMISSION

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.

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)

LC-065658

6. If Indian, Allottee or Tribe Name

7. If Unit or C.A. Agreement Designation
Teas Yates Unit

8. Well Name and No.
Tract 5 - Well #4

9. API Well No.
30-025-01731

10. Field and Pool, or Exploratory Area
Teas Yates Seven-

11. County or Parish, State
Rivers
Lea, New Mexico

2310' FNL & 990' FWL
Sec. 14, T20S, R33E

Unit E

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

TYPE OF SUBMISSION	TYPE OF ACTION
☒ Notice of Intent	☐ Abandonment
☐ Subsequent Report	☐ Recompletion
☐ Final Abandonment Notice	☐ Plugging Back
	☐ Casing Repair
	☐ Altering Casing
	☒ Other Reactivate T.A. Well
	☐ Change of Plans
	☐ New Construction
	☐ Non Routine Fracturing
	☐ Water Shut Off
	☐ Conversion to Injection
	☐ Dispose Water

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.)*

1. Rig up pulling unit, BOP & reverse unit.
2. Drill out CIBP @ 3100'.
3. Run 2 7/8" tubing.
4. Run rod pump & sucker rods.
5. Set D640 pumping unit.
6. Put on pump (as an active oil producer).

RECEIVED
AUG 6 11 57 AM '93
CALIF. ARF.

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

Signed [Signature] Title Area Supervisor Date 08-05-93

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any: