

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other instructions  
reverse side)

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re-

Form approved.  
Budget Bureau No. 42-01124.

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR  
ANADARKO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR  
P. O. Box 806, Eunice, New Mexico 88231

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
  
1650' FNL & 2310' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3595' DF

5. LEASE DESIGNATION AND SERIAL NO.  
NM-0435

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Teas Yates Unit

8. FARM OR LEASE NAME

9. WELL NO. 2 2nd to

10. FIELD AND POOL, OR WILDCAT  
Teas Yates

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA  
Sec 14, T20-S, R33-E

12. COUNTY OR PARISH  
Lea

13. STATE  
New Mexico

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"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Deepen to 4th Yates Zone		(Other)	

(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, pull rods & tubing;
2. RU Reverse unit, clean out & deepen to 3394';
3. Log & perforate 1st Yates zone;
4. Run open hole packer & acidize 4th Yates zone w/500 gals 15% & swab test;
5. Run bridge plug & packer, acidize 1st Yates zone w/500 gals 15% & swab test;
6. Fracture treat all zones w/60,000 gals 9# gelled brine, 12,000# 100 mesh, 35,000# 20/40 & 35,000# 10/20 sand in 4 stages using 3 block stages of rock salt & Benzoic acid flakes;
7. Run tubing, pump & rods;
8. RDPU, put well pumping.

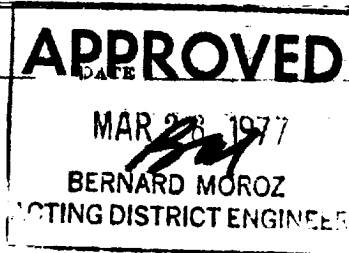
18. I hereby certify that the foregoing is true and correct

SIGNED Herb Anderson TITLE Area Supervisor DATE 03/25/77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

EXOS 19

RECEIVED  
MAY 2 1957  
OIL COMMISSION COMM.  
HOBBS, N. M.