UNITED STATES DEPARTMENT OF THE INTERIOR

	Budget Bureau No. 42-R1424			
	5. LEASE NM 12744			
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
nt	7. UNIT AGREEMENT NAME Teas Yates Unit			
_	8. FARM OR LEASE NAME Tract 15			
	9. WELL NO.			
10. FIELD OR WILDCAT NAME Teas-Seven Rivers				
-	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
	14, 20S, 33E, 1980 FSL & 660 FEL			
	12. COUNTY OR PARISH 13. STATE			
	Lea New Mexico			
_	14. API NO.			
,				

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1980' FSL & 660' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 17. REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 18. ELEVATIONS (SHOW DF, KDB, AND WD 360 1' DF 19. ELEVATIONS (SHOW DF, KDB, AND WD 360 1' DF 19. CNOTE: Report results of multiple completion or zon change on Form 9–330.) 19. CNOTE: Report results of multiple completion or zon change on Form 9–330.) 19. 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.)*	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. oil well well other Water Injection 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. See space 17 below.) AT SURFACE: 1980' FSL & 660' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TST WATER SHUT-OFF SHOOT OR ACIDIZE REPAIR WELL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 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 an measured and true vertical depths for all markers and zones pertinent to this work.)*		Teas Yates Unit
14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD 3601' DF 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT OF: 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 are measured and true vertical depths for all markers and zones pertinent to this work.)*	 oil gas well other Water Injection NAME OF OPERATOR Anadarko Production Company ADDRESS OF OPERATOR P.O. Box 806 Eunice, New Mexico 88231 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1980' FSL & 660' FEL AT TOP PROD. INTERVAL: 	Tract 15 9. WELL NO. 1 10. FIELD OR WILDCAT NAME Teas-Seven Rivers 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14, 20S, 33E, 1980 FSL & 660 FE 12. COUNTY OR PARISH Lea New Mexico
measured and true vertical depths for all markers and zones pertinent to this work.)*	16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3601' DF (NOTE: Report results of multiple completion or zone
1. RUPU TOH w/ 45" injection PKR.	INCIDURE ESCHILATED DATE OF STATUTE AND DEPONSED WORK IT WALL IS AL	FOCTIONALLY drillad give cubeurfood loootions and

- 2. TIH w/ cement retainer on 2 7/8" tbg. & set @ 3000'. Pump 50 SX Class H cement w/5# gal. salt. Pull out of retainer & pump 15 SX (20') Class H w/ 5# gal salt on retainer.
- 3. Tag cement plug on retainer following day & set continuous cement plug, 205 SX Class H $\mbox{w/}$ 5# gal salt from 2980' to surface.
- 4. Set dry hole marker. RDPU & clean location.

Note: Received verbal approval from Mr. Jones 1 - 8 - 85.

Subsurface Safety Valve: Manu. a	nd Type	
18. I hereby certify that the foreg	ojng is true and correct	
SIGNED SEL	TITLE Field Foreman	DATE January 8, 1985
	(This space for Federal or State office L	ise)
APPROVED BY		DATE 1-16.85

PEREIVED

JAN 17 1985

HIGHER ST. CE