

UNITED STATES N. M. OIL & GAS COMMISSION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO 88240

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <u>Water Injection Well</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC 065658 NM 0435</u>
2. NAME OF OPERATOR <u>Anadarko Production Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 806 Eunice, New Mexico 88231</u>		7. UNIT AGREEMENT NAME <u>Teas Yates Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u> <u>2265' FNL & 1425' FEL</u> <u>S-14, T-20S, R-33E</u>		8. FARM OR LEASE NAME <u>Teas Yates</u>
14. PERMIT NO.		9. WELL NO. <u>10-3</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3603.5 GR</u>		10. FIELD AND POOL, OR WILDCAT <u>Teas</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>S-14, T-20S, R-33E</u>
		12. COUNTY OR PARISH <u>Lea</u>
		13. STATE <u>NM</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

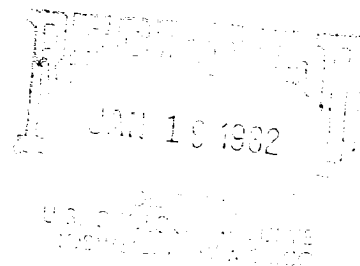
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> <u>New Well Cementing</u>	

(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. Spudded 12 $\frac{1}{4}$ " hole @10:30 P.M., 1-10-82.
2. Drilled 12 $\frac{1}{4}$ " hole to 1334' K.B. @5:00 P.M., 1-13-82.
3. Ran 1334' of 9-5/8", 36#, K-55, ST&C Csg. w/guide shoe & float collar.
4. Cemented w/620 sx of Class "C" cement w/2% CACL. Plug down @8:10 A.M., 1-14-82.
Circulated 51 sx to pit.
5. WOC 12 hrs.
6. Test BOP & Csg. @1000# for 30 min. Test O.K.



Original signed by: Roger A. Chapman

SIGNED Roger A. Chapman
ACCEPTED FOR RECORD
(This space for Federal or State office use)

TITLE Production Foreman

DATE 1-18-82

APPROVED BY JAN 20 1982
CONDITIONS OF APPROVAL

TITLE _____

DATE _____

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side