

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions re-
verse side)

Budget Bureau No. 1004-0
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL:

LC-029512-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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 ☒ Water Injection

2. NAME OF OPERATOR
Anadarko Petroleum Corporation

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below)
At surface
1980' FNL & 10' EWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3614 GR

7. UNIT AGREEMENT NAME
Teas Yates Unit

8. FARM OR LEASE NAME
Tract 1

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Teas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 18, Twp 20S, R34E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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 PLANE	<input type="checkbox"/>
(Other)			

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)			

(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. RU pulling unit & reverse rig & drilled through Yates Zone to TD 3512'.
2. RU Dresser Atlas & ran GR/Neutron & caliper O.H. logs.
3. Ran 81 jts (3492') 4½" 10.5# J-55 csg w/guide shoe, float shoe, & 5 centralizers. Guide shoe set @ 3493'.
4. RU cementer & cemented w/ 100 SX Class "C" Neat cement. Plug down @ 5:10 P.M. 5-10-83. RU John West & found TOC @ 3010'.
5. RU Dresser Atlas & perforated w/ 2 SPF at 3354'-64', 3388'-98', 3412'-3462', 3480'-3492'. 5-13-83.

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

SIGNED Howard E. Hake TITLE Field Foreman

DATE April 11, 1988

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

536

RECEIVED

APR 27 1988

OCD
HOBES OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-C-1
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL

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"/> Water Injection	7. UNIT AGREEMENT NAME Teas Yates Unit
2. NAME OF OPERATOR Anadarko Petroleum Corporation	8. FARM OR LEASE NAME Tract 1
3. ADDRESS OF OPERATOR P.O. Box 806 Eunice, NM 88231	9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FNL & 10' FWL	10. FIELD AND POOL, OR WILDCAT Teas
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 18, Twp 20S, R34E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3614 GR	12. COUNTY OR PARISH Lea
	13. STATE NM

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 checked="" type="checkbox"/>	ABANDONMENT* <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. RUCU. Pulled injection tbg & Pkr.
2. Ran treating Pkr on 2 7/8" workstring & set Pkr.
3. RU BJ Hughes & acidized w/4500 gals of 20% Ne-Fe acid in 3 stages. Max press 2300# PSI, AIR&P 5.2 BPM at 2100# PSI.
4. Released Pkr & TOH w/treating Pkr (Laying down 2 7/8" tbg.)
5. TIH w/4 1/2" injection Pkr on 101 jts (3250') of 2 3/8" plastic coated Atlas Bradford DSS tbg.
6. Circ Pkr fluid & set Pkr @ 3260'. Put on water injection 5-20-83.

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

SIGNED [Signature] TITLE Field Foreman

DATE April 11, 1988

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

SJS