

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well ☐ gas ☐ well ☐ other Water Injection Well
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' FNL & 10' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: XX SUBSEQUENT REPORT OF:

- | | | |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) Cement Surface Casing.

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. MIRURT. Spudded 12 $\frac{1}{4}$ " hole @ 2:45 P.M. 4-11-83.
2. Drilled 12 $\frac{1}{4}$ " surface hole to 1412' @ 5:45 A.M. 4-13-83.
3. Ran 1395' (35 jts) 9-5/8"., 47# LT&C, Rg 3, csg (used) w/guide shoe, float collar & three centralizers.
4. RU Halliburton & cemented w/550 sx Class C cement w/2% CACL. Plug down @ 1:35 P.M. 4-13-83. Circ 120 sx to pit. WOC 6 hrs & nipple up.
5. Tested BOP @800#. O.K.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

Original Signed By: David R. Glass TITLE Field Foreman DATE April 15, 1983

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS
CONDITIONS OF APPROVAL MAY 26 1983

DATE

ROSWELL, NEW MEXICO

5. LEASE
LC - 029512 - B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Teas Yates Unit
8. FARM OR LEASE NAME
Tract # 1
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Teas
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 18, Twp 20S, Rg 34E
12. COUNTY OR PARISH lea 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3614' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)