

N. M. GIL CONS. COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

Form 9-331  
Dec. 1973

Form Approved.  
Budget Bureau No. 42-R1424

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 ☐

2. NAME OF OPERATOR  
*Anadarko Production Company*

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: *1295 FSL & 1980 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: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☒  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

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5. LEASE *LC-064975*  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

*Teas Yates Unit*

8. FARM OR LEASE NAME

*Tract #2*

9. WELL NO.

*3*

10. FIELD OR WILDCAT NAME

*Teas*

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA

*S13-T20S-R33E*

12. COUNTY OR PARISH

*Lea*

13. STATE

*NM*

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

*3603 GR*

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

RECEIVED  
SEP 8 11 25 AM '83  
D. M. GIL  
R. M. GIL  
J. M. GIL  
K. M. GIL  
L. M. GIL  
M. M. GIL  
N. M. GIL  
O. M. GIL  
P. M. GIL  
Q. M. GIL  
R. M. GIL  
S. M. GIL  
T. M. GIL  
U. M. GIL  
V. M. GIL  
W. M. GIL  
X. M. GIL  
Y. M. GIL  
Z. M. GIL

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 & drill remaining Yates Zone to approximately 3460'.*
- 2. Fracture treat zone 3320' - 3460'.*
- 3. Return well to production.*

Subsurface Safety Valve: Manu. and Type

Set @

Ft.

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

SIGNED *Peter W. Chester* TITLE *Field Foreman*

DATE *8-23-83*

APPROVED

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 27 1983

\*See Instructions on Reverse Side