

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: *2615' FNL & 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      | <input type="checkbox"/>            |                       | <input type="checkbox"/> |
| FRACTURE TREAT           | <input checked="" 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)                  | <input type="checkbox"/>            |                       | <input type="checkbox"/> |

- 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.  
*4*
- 10. FIELD OR WILDCAT NAME  
*Teas*
- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*S13-T20S-R33E*
- 12. COUNTY OR PARISH | 13. STATE  
*Lea | NM*
- 14. API NO.
- 15. ELEVATIONS (SHOW DF, KDB, AND WD)  
*3610.8 GR*

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

RECEIVED  
SEP 26 11 26 AM '83

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, 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 3470'.
- 2. Fracture treat zone approximately 3320' - 3470'.
- 3. Put back on production.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *Gregory J. Stanley* TITLE *Field Foreman* DATE *9-2-83*

APPROVED (This space for Federal or State office use)

APPROVED BY *Peter W. Chester* TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

SEP 27 1983