

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-26075
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
Anadarko Petroleum Corporation 000817

3. Address of Operator
PO Box 37, Loco Hills, NM 88255

4. Well Location
Unit Letter F : 1650 Feet From The North Line and 1980 Feet From The West Line
Section 21 Township 22S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3525.7 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Casing Integrity Test <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.
8/19/97
1. RU kill truck and retested csg. Csg held pressure for the required amount of time.
2. We request continued TA status for this well or until a decision is made on what to do with this well.
3. See attached chart.

This Approval of Temporary
Abandonment Expires 9-14-2007

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Bill Winker TITLE Field Foreman DATE 08-22-97
Bill Winker
TYPE OR PRINT NAME
505/677-2411
TELEPHONE NO.

(This space for State Use)
ORIGINAL SIGNED BY CHRIS WILLIAMS
APPROVED BY DISTRICT I SUPERVISOR TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

T T C A

dp