

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

DISTRICT II  
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. 30-025-10287
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name E.W. Walden
8. Well No. 4
9. Pool name or Wildcat San Andres

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD
2. Name of Operator Anadarko petroleum corporation 000817
3. Address of Operator PO Box 37 Loco Hills, NM 88255
4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>15</u> Township <u>22S</u> Range <u>37E</u> NMPM <u>Lea</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 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.

1. RU kill truck and retested csg. csg. held 540# for 30 min.
2. We request 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 9-3-2002

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 8-29-97  
505-677-2411  
TELEPHONE NO.

TYPE OR PRINT NAME Bill Winker

(This space for State Use)

APPROVED BY Gary W. Wink ORIGINAL SIGNED BY GARY WINK DATE AUG 29 1997  
TITLE FIELD REP. II  
CONDITIONS OF APPROVAL, IF ANY:

