Submit 3 Copies to Appropriate District Office

State of New Mexico argy, Minerals and Natural Resources Departm

Form C-103 Revised 1-1-89

DISTRICT

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II Santa Fe, New Mexico 87504-2088	WELL API NO.
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	5. Indicate Type of Lease STATE FEE X
	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.)	
	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL ONE WELL OTHER Water Injection	E.W. Walden
2 Name of Operator Anadarko Petroleum Corporation	8. Well No. 6
3. Address of Operator P.O. Box 806 Eunice, NM 88231	9. Pool name or Wildcat Penrose Skelly-(18
4. Well Location Unit Letter N: 660 Feet From The South Line and 1	980 Feet From The West Line
Section 15 Township 22S Range 37E	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, F	Report, or Other Data
• • • • • • • • • • • • • • • • • • •	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLIN	IG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND C	
OTHER: repair csg leak X OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, incl. work) SEE RULE 1103.	uding estimated date of starting any proposed
 MIRUPU TOH w/ inj tbg & PKR. TIH w/ RBP & PKR to isolate hole in csg. TOH w/ PKR. Cement squeeze csg leak w/ 600 S Drill out w/ 6 1/8" bit. Test csg @ 500# (co Run inj. PKR & tbg. Return to injection. 	X Class C. nduct integrity test).
I hereby certify that the information above is true and complete to the best of my knowledge and belief. Signature Field Fo	oreman 12-5-90 DATE 12-5-90 TELEPHONE NO. 394-318
TYPE OR FRINT NAME Rick L. Langley (This space for State Line)	TELEPHONE NO.
(This space for State Use)	

APTROVED BY -

CONDITIONS OF AFFROVAL, IF ANY: