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Penrose Sand Unit 2. Name of Coperator Anadarko Production Company 3. Form or Lease None Tract No. 15 3. Address of Coperator P. O. Box 247 Hobbs, New Mexico 88240 4. Location of Well 1 660 FET FROM THE South Line, Section 22 TOWNSHIP 225 RANGE 37E NAME ALTERING CASING Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK TEMPORALITY ABANDON PULL ON ALTER CASING CHANGE PLANS CHANGE PLANS CHANGE PLANS PULL ON ALTER CASING CHANGE PLANS ALTERING CASING ALTERING CASING CHANGE PLANS C		SUNDRY FORM FOR PROPOSE "APPLICATION	NOTICES AND FALS TO DRILL OR T FOR PERMIT -" (F	REPORTS ON 0 DEEPEN OR PLUG B 0RM C-101) FOR SUC	WELLS ACK TO A DIFFERENT RESERVOI H PROPOSALS.)	IR.	Language Matrix	
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P. O. Box 247 Hobbs, New Mexico 88240 4. Location of Well I 660 FEET FROM THE East INCHES SOuth INC. SECTION 22 TOWNSHIP 15. Elevation (Show whether DF, RT, GR, etc.) 3347' GR 12. County Lea 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed works and SE RULE 1103. 16. Rigged up well servicing unit 8-11-71. Pulled 2 3/8" tubing and drill pipe. 22. Rigged up reverse circulation equipment with 2-7/8" tubing and drill pipe. 33. Cleaned cut to TD 3662'. 4. Fracture treated through 4½" frac string with packer set at 3300'. Treated using 60,000 gal. gelled 9# brine and 110,000# 10-20 sand. Treated in four stages separated by a total of 19,000# rock salt. Average treating rate 38 BPM at 1500#. ISDP 1450#. 5. Installed 2 7/8" tubing with 7/8" & 3/4" rods and 2½" x 1½" x 16' insert pump. Pumping unit was Amcot T20F100 20SL-D228Z. 6. Placed on production 8-31-71.		Producti	on Compan	ıλ				
4. Location of Well I 660 East Line and 1980 rest from Langlie Mattix THE South Line, Section 22 Township 225 RANGE 37E NAMPH. 15. Elevation (Show whether DF, RT, GR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data Subsequent Report of: PERFORM REMEDIAL WORK REPLANS REPORT OF: PERFORM REMEDIAL WORK REPLANS REPORT OF: PRESCRIBE PROPOSED OF CHANGE PLANS REMEDIAL WORK COMMENCE DRILLING OPHS. 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) See ROLE 1703. 1. Rigged up well servicing unit 8-11-71. Pulled 2-3/8" tubing and rods. 2. Rigged up reverse circulation equipment with 2-7/8" tubing and drill pipe. 3. Cleaned cut to TD 3662'. 4. Fracture treated through 4½" frac string with packer set at 3300'. Treated using 60,000 gal. gelled 9# brine and 110,000# 10-20 sand. Treated in four stages separated by a total of 19,000# rock salt. Average treating rate 38 BPM at 1900#. ISDP 1450#. 5. Installed 2 7/8" tubing with 7/8" & 3/4" rods and 2½" x 1½" x 16' insert pump. Pumping unit was Amcot T20F100 20SL-D228Z. 6. Placed on production 8-31-71.	3. Address of Cperator P. O. Box	247 Hc	bhs, New	Mexico 88	240			
THE SOUTH LINE, SECTION 22 TOWNSHIP 22S RANGE 37E NMPM. 15, Elevation (Show whether DF, RT, GR, etc.) 12. County Lea 15. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUE AND ABANDON OTHER 17. 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. Rigged up well servicing unit 8-11-71. Pulled 2 3/8" tubing and rods. 2. Rigged up reverse circulation equipment with 2-7/8" tubing and drill pipe. 3. Cleaned cut to TD 3662'. 4. Fracture treated through 4½" frac string with packer set at 3300'. Treated using 60,000 gal. gelled 9# brine and 110,000# 10-20 sand. Treated in four stages separated by a total of 19,000# rock salt. Average treating rate 38 BPM at 1900#. ISDP 1450#. 5. Installed 2 7/8" tubing with 7/8" & 3/4" rods and 2½" x 1½" x 16' insert pump. Pumping unit was Amcot T20F100 20SL-D228Z. 6. Placed on production 8-31-71.	4. Location of Well						•	
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13. I hereby certify that the information above is true and	complete to the best of my knowledge and belief.		
signed minelion	Dist. Superintendent	9-2 7 -71	
Orig, Signed by Joe D. Ramey APPROVED BY	TITLE	OCT 1 1971	

RELEVED

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