

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2086
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-76

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☐ Fee ☒
5. 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. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-	7. Unit Agreement Name
2. Name of Operator Anadarko Petroleum Corporation	8. Farm or Lease Name E.W. Walden
3. Address of Operator P.O. Box 806 Eunice, NM 88231	9. Well No. 13
4. Location of Well UNIT LETTER <u>K</u> <u>1450</u> FEET FROM THE <u>South</u> LINE AND <u>1400</u> FEET FROM THE <u>West</u> LINE, SECTION <u>15</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat Penrose Skelly <u>GB</u>
11. Elevation (Show whether DF, RT, GR, etc.) 3392.3 GL	12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☒	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	

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 1503.

1. MIRUPU TOH w/production string (3-11-87)
2. TIH w/ RBP & PKR. Isolate hole in csg. (appr. 1280')
3. Cement squeeze w/ calculated volume.
4. TIH w/ 4 3/4" bit & drill out. Test csg 500 PSI.
5. Re-treat production zone w/ 7000 gal. 15% HCL.
6. Run production string & return to production

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *Paul S. Gangle* TITLE Field Foreman DATE March 10, 1987
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
APPROVED BY _____ TITLE _____ DATE MAR 12 1987

RECEIVED
MAR 11 1987
OCD
HOBBS OFFICE