

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OTHER INSTRUCTIONS ON REVERSE SIDE
N. M. OIL CONS. COMMISSION
P. O. BOX 1980

SUNDRY NOTICES AND REPORTS FOR NEW MEXICO 88240

Use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Chaveroo Operating Company, Inc.

3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc. Box 755, Hobbs, NM 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also Space 17 below.)
1310' FSL & 1310' FWL Sec. 28
Unit m

14. DEPTH OF WELL (Show whether DF, RT, GR, etc.)
4425.3 KB

5. LEASE DESIGNATION AND SERIAL NO.
NM-0108997-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Farrell Federal

9. WELL NO.
23

10. FIELD AND POOL, OR WILDCAT
Chaveroo-San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T7S, R33E

12. COUNTY OR PARISH
Roosevelt

13. STATE
NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

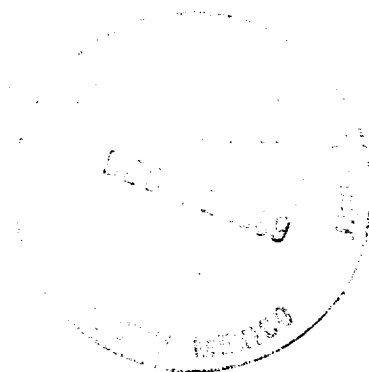
SUBSEQUENT REPORT OF:

<input type="checkbox"/> WATER SHUT-OFF	<input type="checkbox"/> PULL OR ALTER CASING	<input type="checkbox"/> WATER SHUT-OFF	<input type="checkbox"/> REPAIRING WELL
<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> MULTIPLE COMPLETE	<input type="checkbox"/> FRACTURE TREATMENT	<input type="checkbox"/> ALTERING CASING
<input type="checkbox"/> SHOOTING OR ACIDIZE	<input type="checkbox"/> ABANDON*	<input type="checkbox"/> SHOOTING OR ACIDIZING	<input type="checkbox"/> ABANDONMENT*
<input type="checkbox"/> REPAIR WELL	<input type="checkbox"/> CHANGE PLANS	(Other) <u>Return to production</u>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. OTHER PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Returned well to production
12/10/89 Pumped 8 bbls oil 12 bbls water, 24 hours,
gas TSTM.



18. I hereby certify that the foregoing is true and correct

SIGNED Wanda Halls

TITLE Agent

DATE 12/20/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

JAN 3 1990

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

RECEIVED

JAN 11 1990

OCB
HOBBS OFFICE