

N. M. OIL CONS. COMMISSION  
UNITED STATES P.O. BOX 1900 IN TRIP  
DEPARTMENT OF THE INTERIOR (Other Instructions on Form 3100)  
BUREAU OF LAND MANAGEMENT  
ROSWELL, NEW MEXICO 88240

Form approved  
Budget Bureau No. 1004-C-33  
Expires August 31, 1985  
LEASE DESIGNATION AND SERIAL NO.  
**NM-0108997-B**  
6 IF INDIAN, ALLOTTEE OR TRIBE NAME

**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—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐  
2. NAME OF OPERATOR  
**CHAUEROO OPERATING Co., Inc.**  
3. ADDRESS OF OPERATOR  
**4800 San Felipe Suite 620, Houston Tex 77056**  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
**various locations in Sec 28 1310/ S + W**  
**Unit m**  
14. PERMIT NO. **9-066-JH-40** 15. ELEVATIONS (Show whether DF, RT, CR, etc.)  
**4405 Approximate GR. LEVEL**

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
**Farrrell Federal**  
9. WELL NO. S  
**6, 17, 21, 23, 24**  
10. FIELD AND POOL OR WILDCAT  
**CHAUEROO SA**  
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA  
**28, T 75, R 33 E**  
12. COUNTY OR PARISH  
**Roosevelt** 13. STATE  
**NEW MEXICO**

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANT ☐  
(Other) **RETURN ST WELLS TO Prod. Status** ☒

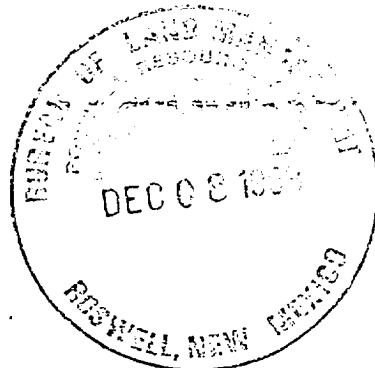
SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐  
(Other) ☐

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

17. DESCRIBE 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.) \*

The lease has been shut in for several months. It is planned to pull rods & tubing repair pumps & pumping units to return the lease to a productive status. Other wells will be added in the future. Initial workover operations are expected to begin early December 1989.



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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

ACCEPTED FOR RECORD  
PETER W. CHESTER

DEC 15 1989

BUREAU OF LAND MANAGEMENT  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side