

P. O. BOX 1080
HOBBS, NE. MEXICO 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐
well well other

2. NAME OF OPERATOR
JOE E. BROWN

3. ADDRESS OF OPERATOR
P.O. BOX 543, LOVINGTON, NEW MEXICO 88260

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1310' FSL & 1310' FWL OF SEC. 28
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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(other) CHANGE CEMENTING PROGRAM

5. LEASE
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 OR WILDCAT NAME
CHAVEROO SAN ANDRES

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 28, T. 7 S., R. 33 E.

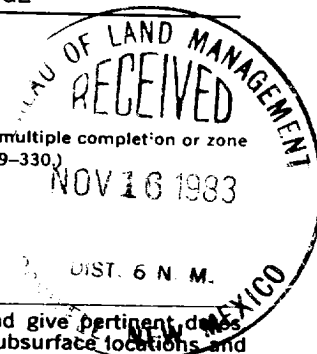
12. COUNTY OR PARISH
ROOSEVELT

13. STATE
NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4415.2 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



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 APPLICATION FOR PERMIT TO DRILL THE ABOVE DESCRIBED WELL WAS APPROVED SUBJECT TO THE STIPULATION THAT THE 4-1/2" CASING BE CEMENTED WITH SUFFICIENT CEMENT TO TIE BACK TO THE SURFACE CASING.

IT IS REQUESTED, INASMUCH AS THE SURFACE CASING IS TO BE SET IN THE RUSTLER ANHYDRITE WITH CEMENT CIRCULATED, THAT THE ABOVE STIPULATION BE VOIDED AND

THAT APPROVAL BE GIVEN TO CEMENT THE 4-1/2" CASING WITH SUFFICIENT CEMENT TO FILL 600 FEET ABOVE THE TOP OF THE PAY ZONE.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Arthur R. Brown TITLE Agent DATE NOVEMBER 15, 1983

(ORIG. SGD.) DAVID R. GLASS

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL NOV 17 1983