

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE NM-0504364A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME RECEIVED
8. FARM OR LEASE NAME Gulf Federal FEB 15 1983
9. WELL NO. 1 O. C. D.
10. FIELD OR WILDCAT NAME ARTESIA, OFFICE Cemetery (Morrow)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-19-S, R-25-E
12. COUNTY OR PARISH Eddy 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3502.78 GL; 3520 KB

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 well ☐ gas well ☒ other
2. NAME OF OPERATOR Chama Petroleum Company ✓
3. ADDRESS OF OPERATOR P.O. Box 31405, Dallas, Texas 75231
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 1980' FWL Sec. 35
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) _____	

(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.)*

10-24-81
thru Swabbed well
11-22-81
11-23-81 38 hrs SITP 1400#, open on 24/64" choke, blew well down, SFL @ 2800' FS, mad 3 swab runs, recovered 4 bbls. water, FFL @ 8000' FS, Put well down gas sales line on 24/64" choke, FTP 120#

ABOVE WORK WAS PERFORMED BY PRIOR OPERATOR, HILLIARD OIL & GAS, INC.

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

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

SIGNED *Ruthie Craft* TITLE Prod. Secretary DATE February 3, 1983

ACCEPTED FOR RECORD (This space for Federal or State office use)
(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____ DATE _____
CONDITIONS OF APPROVAL FEB 11 1983

MINERALS MANAGEMENT SERVICE
POSWELL, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED
FEB 7 1983

OIL & GAS
MINERALS MGMT. SERVICE
POSWELL, NEW MEXICO