

C/SF

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Artesia, NM 88210

5. LEASE
NM-8247

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gulf Federal Com

9. WELL NO.
1-Y

10. FIELD OR WILDCAT NAME
Undesignated Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35-19S-25E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, A.D. WD)
3500' GL

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or produce from a different reservoir. Use Form 9-331-C for such proposals.)

RECEIVED

1. oil well gas well other

2. NAME OF OPERATOR
Chama Petroleum Company ✓

3. ADDRESS OF OPERATOR
ARTESIA, OFFICE
P.O. Box 31405, Dallas, Texas 75231

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 735' FSL & 660' FWL Sec. 35
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

JAN 31 1983

O. C. D.

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 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) Activity <input type="checkbox"/>	<input type="checkbox"/>

(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.)*

1-7-83
thru Waiting on Completion
1-25-83

TIGHT HOLE - PLEASE DO NOT RELEASE ANY INFORMATION ON THIS WELL

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

18. I hereby certify that the foregoing is true and correct
SIGNED *David R. Glass* TITLE President DATE January 25, 1983

ACCEPTED FOR RECORD (This space for Federal or State office use)
(ORIG. SGD.) DAVID R. GLASS
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:
JAN 28 1983
MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

RECEIVED
JAN 28 1983

*See Instructions on Reverse Side

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL NEW MEXICO