

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 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.) 660' FNL & 660' FEL
AT SURFACE: Same
AT TOP PROD. INTERVAL: Same
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	<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		

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: Tripped in hole with 4 3/4" bit, worked 2 hrs. trying to get into 5 1/2" casing stub, pulled out of hole, tripped in hole with 3 3/4" bit, got into casing stub, continued in hole, drilled out float collar, cement, casing shoe, float shoe and 15' of new hole, new T.D. 7925', Mr. Bert Jones with Minerals Management Service witnessed new hole as well as rig crew (Bobby Haney, Steve Toile, Crewmen: Roy Fuller & Lacy Waldrop)
- 1-8-83: Circulated hole clean, pulled out of hole, drilled down drill collars, released reverse equipment
- 1-9-83: Shut Down

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

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

SIGNED Kathie Craft TITLE Prod. Secretary DATE 1-13-83

APPROVED BY
CONDITIONS OF

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

JAN 18 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

5. LEASE NM-17200 RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME JAN 19 1983

8. FARM OR LEASE NAME O. C. D.
Southeast Indian Basin, ARTESIA, OFFICE

9. WELL NO.

10. FIELD OR WILDCAT NAME Undesignated
Indian Basin Upper Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23, T-22-S, R-23-E

12. COUNTY OR PARISH Eddy 13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4141.5' GL

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