

AUG 24 1983

O. C. D.

ARTESIA, OFFICE

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen a well back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☒ other ☐ **OIL & GAS**
2. NAME OF OPERATOR  
Chama Petroleum Company **ROSWELL, NEW MEXICO**
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     | <input type="checkbox"/> | <input type="checkbox"/> |

5. LEASE  
NM-17200
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Southeast Indian Basin
9. WELL NO.  
1
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.)

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.)\*

3-24-83  
thru Closed in for future evaluation  
5-3-83

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 Ruthie Craft TITLE Prod. Secretary DATE May 3, 1983

ACCEPTED FOR RECORD

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL AUG 23 1983

ROSWELL, NEW MEXICO