

C/SF

UNITED STATES SOIL CONSERVATION COMMISSION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
Artesia, NM 88210

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. oil well gas well other **DEC 14 1982**
2. NAME OF OPERATOR
Chama Petroleum Company **O. C. D.**
3. ADDRESS OF OPERATOR
ARTESIA, OFFICE
5447 Glen Lakes Dr., Dallas, Texas 75231
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL & 1980' FEL of Sec. 3
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM-14758
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Huber Federal
9. WELL NO.
#2
10. FIELD OR WILDCAT NAME
Undesignated *Morrow*
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3, T-20-S, R-25-E
12. COUNTY OR PARISH
Eddy
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3465.2' GR

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.)*

11-16-82 thru 12-1-82: Waiting on completion

RECEIVED

DEC 6 1982

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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

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

SIGNED *Fathic Craft* TITLE Prod. Secretary DATE December 1, 1982

ACCEPTED FOR RECORD (space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL **DEC 13 1982**

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO