

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

Champlin Petroleum Company

3. ADDRESS OF OPERATOR

P. O. Box 7946 Midland, TX 79708-0946

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL & 660' FEL

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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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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.)*

2/15/84 - MI RU SU - NDWH - BU BOP's - RIH w/4-1/2" CIBP on WL - set @ 4100' to abandon San Andres @ 4230-4392' - POH w/WL - GIH w/2-3/8" tbg - TU on plug @ 4100' - displace hole w/10#/gal SW mud - spot 4 sx Class "C" cmt on CIBP - TOC @ 4042' - TOH w/tbg - ND BOP's - RU csg jacks - est csg free point @ 1000' - GIH w/jet cutter - make cut @ 1000' - csg would not come free - attempt to work csg free - csg would not come free - est circ btw prod & surface csg - work 4-1/2" csg - pipe would not come free - RIH w/jet cutter - make cut @ 1000' - pipe would not come free - NU BOP's RIH w/tbg to 1074 - spot 40 sx Class "C" cmt 1074-495' - PU 10 stds tbg - close BOP's - sqz 15 sx cmt into form - POH w/tbg - WOC - RIH w/WL & TU on cmt @ 758' - RIH w/ perf gun - perf 4-1/2" prod csg @ 427-428' (8-5/8" surface csg shoe @ 377') ND BOP's - est circ btw prod & surface csg - pmp 150 sx Class "C" cmt down (over)

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

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

SIGNED [Signature] TITLE Prod. Engineer DATE 2/27/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE
Federal NM 0554778

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Lauck-Federal

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Chaveroo (San Andres)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T7S, R33E

12. COUNTY OR PARISH
Roosevelt

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4438 DF

(NOTE: Report results of multiple completion operations change on Form 9-331-C)

