

UNITED STATES P.O. BOX 1980 IN TRIPlicate
DEPARTMENT OF THE INTERIOR
ROOSEVELT, NEW MEXICO 88240
BUREAU OF LAND MANAGEMENT

Form approved
Budget Bureau No. 1004-0-33-0000
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NUMBER
NM-0108997-B
IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR CHAUEROO OPERATING Co., Inc	8. FARM OR LEASE NAME Farrell Federal
3. ADDRESS OF OPERATOR 4800 San Felipe Suite 620, Houston Tex 77056	9. WELL NO. S ⑥ 17, 21, 23, 24
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface various locations in sec 28 660/8 & E unit P	10. FIELD AND POOL OR WILDCAT CHAUEROO - 8A
14. PERMIT NO. 9-066-JH-40	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 28, T7S, R33E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4405 Approximate GR. LEVEL	12. COUNTY OR PARISH Roosevelt
	13. STATE NEW MEXICO

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

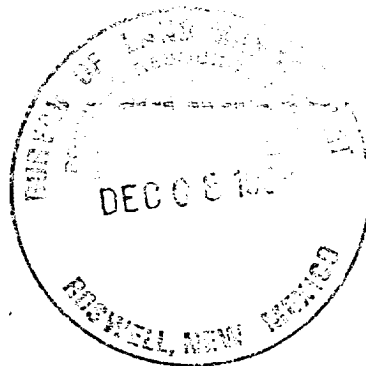
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(Other) RETURN SI WELLS TO Prod. Status ✓

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

The lease has been shut in for several months. It is planned to pull rods & tubing repair pumps & pumping units to return the lease to a productive status. Other wells will be added in the future. Initial workover operations are expected to begin early December 1989.



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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

