

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
CHAVEROO OPERATING COMPANY, INC.
3. ADDRESS OF OPERATOR
P.O. DRAWER 1599, LOVINGTON, NEW MEXICO 88260
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980'FSL & 1980'FEL OF SEC. 28
AT TOP PROD. INTERVAL:
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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

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(other) CHANGE OF OPERATOR

5. LEASE
NM-0108997-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
FARRELL FEDERAL
9. WELL NO.
7
10. FIELD OR WILDCAT NAME
CHAVEROO SAN ANDRES
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 28, T. 7 S., R. 33 E.
12. COUNTY OR PARISH
ROOSEVELT
13. STATE
NEW MEXICO
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4427

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

RECEIVED
DEC 23 1983

CL 3 015

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.)*

THIS IS NOTICE OF CHANGE OF OPERATOR OF ABOVE DESCRIBED WELL

FROM: JOE E. BROWN
P. O. BOX 543
LOVINGTON, NEW MEXICO 88260

TO: CHAVEROO OPERATING COMPANY, INC.
P. O. DRAWER 1599
LOVINGTON, NEW MEXICO 88260

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

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

SIGNED Arthur R. Brown TITLE Agent

DATE DEC 22 1983

APPROVED

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:

DATE _____

DEC 23 1983

*See Instructions on Reverse Side

RECEIVED BY
DEC 27 1983
O. C. D.
ARTSIAL OFFICE

RECEIVED
DEC 28 1983
O. C. D.
MOBILE OFFICE