

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
Artesia, NM 88210

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: 660'FNL & 660'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	<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)	<input type="checkbox"/>	<input type="checkbox"/>

CHANGE OF OPERATOR

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 surface 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 TITLE _____

DATE

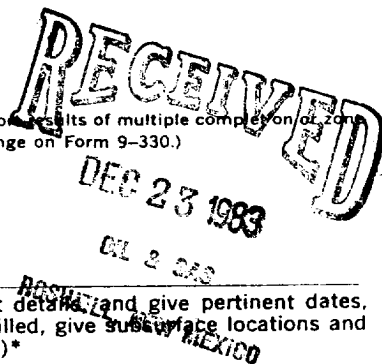
CONDITIONS OF APPROVAL, IF ANY:

DEC 23 1983

*See Instructions on Reverse Side

6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME FARRELL FEDERAL	
9. WELL NO. 16	
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) 4411	

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



STATION 1117
DEC 27 1983
O. C. G.
ADMISS. OFFICE

RECEIVED
DEC 28 1983
O. C. G.
HOLDS OFFICE