

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: 1980'FSL & 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

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.
9
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)
4426

RECEIVED
(NOTE: Report results of multiple completion or zone changes on Form 9-330.)
DEC 23 1983

OIL & GAS

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 E. Brown TITLE Agent

DATE DEC 22 1983

APPROVED (This space for Federal or State office use)

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

DEC 23 1983

DEC 27 1983
CL. 10
ARIES N. OF HOB

RECEIVED
DEC 28 1983
HOL