

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved
Budget Bureau No. 42-R1424

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 Salt Water Disposal
2. NAME OF OPERATOR
Chaveroo Operating Company, Inc.
3. ADDRESS OF OPERATOR
P.O. Box 763, Hobbs, NM 88241
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 1980' FWL 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 checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input checked="" 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) _____

5. LEASE NO. NM-0108997-B	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME NOV 5 1984	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Farrell Federal	
9. WELL NO. 10	
10. FIELD OR WILDCAT NAME Chaveroo San Andres	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T7S, R33E	
12. COUNTY OR PARISH Roosevelt	13. STATE NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 4426 KB	

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

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.)*

Work began 7/18/84. Pulled tubing & packer, found tubing leaking. Replaced tubing with 2 3/8" plastic lined tubing, reset Baker tension type packer at 4155. Loaded annulus with 10% sodium chromate & guar gum gel in fresh water. Treated with 1500 gallons 15% acid. Well took fluid on vacuum 36 hours. Retreated with 2,000 gallons 20% acid. Well takes water on vacuum. Resumed injection 7/25/84.

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

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

SIGNED Donna Hall TITLE Agent DATE 11/1/84

ACCEPTED FOR RECORD (This space for Federal or State office use)	
APPROVED BY CONDITIONS OF APPROVAL <u>PETER MANCHESTER</u> NOV 6 1984	TITLE _____ DATE _____

*See Instructions on Reverse Side