

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 ☐ gas ☐ other ☐ Injection
2. NAME OF OPERATOR
Champlin Petroleum Company
3. ADDRESS OF OPERATOR
P.O. Box 2206 Midland, TX 79708
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' NSL & 1980' ELL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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* ☐
(other) ☐

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5. LEASE
Federal 3554722
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Lauch-Federal
9. WELL NO.
12
10. FIELD OR WILDCAT NAME
Chaveroo - San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 22, T25, R33
12. COUNTY OR PARISH
Roosevelt
13. STATE
TX
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4450 DDB

(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.)*

2-8-85 1. Set 4 1/2" CIBP 24100' - Cap with 50' on top
2-8-85 2. Perf 22750' - Could not pump into - Spot 40sxs. 22750' - Tag 22232'
2-11-85 3. Spot 40 sxs 21350' - Tag 21325'
2-11-85 4. PCN with 1023' of 4 1/2" casing - Spot 50 sxs 21130' - Tag 2973'
2-12-85 5. Spot 50 sxs 2430' - Tag 2300'
2-12-85 6. Spot 50' at surface & dry hole marker
All plugs set thru tubing
Hole loaded with 100% gal mud

D. W. Tally, Jr.
D. W. Tally, Jr.

Champlin Petroleum Co.
Senior Engineer

2-28-85

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

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

SIGNED *K. J. Harris* TITLE *Vice Pres. Mayo Harris* DATE *2-23-85*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PETER W. CHESTER
JAN 30 1987
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

RECEIVED
FEB 9 1987
OCD
HOBS OFFICE