

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYNM. SUBMIT IN TRIPLICATE*
(Other Instructions on Reverse Side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Federal W.M. 0108997

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Farrell-Federal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Chaveroo (San Andres)

11. SEC. T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 30, T-7-S, R-33-E

12. COUNTY OR PARISH 13. STATE

Roosevelt N.M.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Champlin Petroleum Company		8. FARM OR LEASE NAME Farrell-Federal	
3. ADDRESS OF OPERATOR 300 Wilco Building Midland, TX 79701		9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1980' FEL, Sec. 30, T-7-S, R-33-E State Unit - B		10. FIELD AND POOL, OR WILDCAT Chaveroo (San Andres)	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4441 DF	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		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.) *	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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SUBSEQUENT REPORT OF

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) *

Well uneconomical to produce.

Proposed plugging procedure.

Set CIBP @ 4100' and cap w/50' cement. Locate 4-1/2" casing free point. (Should be at approximately 1400' +). Cut off 4-1/2" OD casing at free point. Set 100' cement plug centered at top of 4-1/2" casing stub. Set 100' plug across surface casing shoe @ 366'. Set 10 sx plug in top of surface pipe with marker installed. Fluid between plugs to be 10"/gal mud.

San Andres perms 4158'-4362'.



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

SIGNED

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

SEP 13 1983

TITLE

District Superintendent
Drilling & Prod. Opr.

DATE

7/12/83

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED

SEP 15 1983

O.C.D.
HOBBS OFFICE