N. M. OIL COSS. COMMISSION P. O. BOX 1980

Form 9-331

HOBBS, NEW MEXICO 88240

Form Approved.

BUREAU OF LAND MANAGEMENT

ROSWELL RESOURCE AREA

Budget Bureau No. 42-R1424 Dec. 1973 **UNITED STATES** 5. LEASE DEPARTMENT OF THE INTERIOR Federal NM 0108997 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME 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.) 8. FARM OR LEASE NAME Farrell - Federal gas weil 🖾 well other 9. WELL NO. 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Champlin Petroleum Comapny Chaveroo (San Andres) 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P.O. Box 7946 Midland, TX 79708 **AREA** 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec 30 T 7S. R 33E AT SURFACE: 1980' FNL & 1980' FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Same New Mexico Roosevelt AT TOTAL DEPTH: Same 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 4441 DF SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other) 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.)* 11-25-85 1. Set CIBP @4100' - cap with 50' cement 11-26-85 2. Spot 40 sxs. cement @1072' at top of stub 11-26-85 3. Spot 40 sxs. cement @363' - tag @260' 11-26-85 4. Spot 25 sxs. cement @50' to surface All plugs spotted thru tubing Set dry hole marker in top Class C cement used - hole circulated with mud Set @ __ Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct Mayo Marrs Casing Pulling, Inc. TITLE (This space for Federal or State office use) Approved as to plugging of the well bore. DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

Liability under bond is retained until surface restoration is completed.

*See Instructions on Reverse Side