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Job separation sheet

N. M. OIL CONS. COMMISSION
F. BOX 1980
HOBBS, NEW MEXICO 89240

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 ☐
well well

2. NAME OF OPERATOR

Champlin Petroleum Company

3. ADDRESS OF OPERATOR

P.O. Box 7946 Midland, TX 79708

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FSL & 1980' FEL
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 NM 0108997

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Farrell - Federal

9. WELL NO.

8

10. FIELD OR WILDCAT NAME

Chaveroo (San Andres)

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

Sec 30, T 7S, R 33E

12. COUNTY OR PARISH 13. STATE

Roosevelt New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

4455 DF

(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.)*

- 11-26-85 1. Set CIBP @4100' - cap with 50' cement
11-27-85 2. Spot 40 sxs. cement on top of stub @1059'
11-27-85 3. Spot 40 sxs. cement centered @367' - tag @320'
12-2-85 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

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

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

SIGNED Mayo Marrs TITLE Pres. DATE 12-6-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____
Approved as to plugging of the well bore
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

