

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1001-
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL
NM-0533777-A
OF INDIAN, ALLOTTEE OR TRIBE 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 use.
Use "APPLICATION FOR PERMIT" for such proposals.

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>Salt water injection well</u>	2. NAME OF OPERATOR <u>CHAUEROO OPERATING Co., Inc.</u>	3. ADDRESS OF OPERATOR <u>4800 San Felipe Suite 620, Houston Texas 77056</u>	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>NW 1/4 NE 1/4 660/N + 1980/E</u>	5. FARM OR LEASE NAME <u>Humble Federal</u>	6. WELL NO. <u>5</u>	10. FIELD AND POOL OR WILDCAT <u>CHAUEROO</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 26, T7S, R32E</u>	12. COUNTY OR PARISH <u>Roosevelt</u>	13. STATE <u>NEW MEXICO</u>
14. PERMIT NO. <u>9-066-SH-88</u>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4452 Ground level</u>								

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Salt water Disposal</u>	

(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.) *

Saltwater disposal well. Please note attached information which was submitted. No changes have been made

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

PETER W. CHESTER

DATE

MAR 14 1989

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.