

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 ☐ well ☐ gas ☐ well ☐ other Salt Water Disposal

2. NAME OF OPERATOR

Chaveroo Operating Company, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 755, Hobbs, NM 88241

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

AT SURFACE: 660' FNL & 1980' FEL Sec. 26

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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) Change of Operator

5. LEASE NM-0533777-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Humble Federal

9. WELL NO.

5

10. FIELD OR WILDCAT NAME

Chaveroo San Andres

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

Sec 26 T7S R32E

12. COUNTY OR PARISH 13. STATE

Roosevelt

NM

14. API NO.

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

4460.5 GL

(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.)*

Filed to change operator from Monument Resources, Inc. effective
May 1, 1984.

Original 9-331 filed 5/18/84 to change operator was in error as
location was shown as Section 25 T7S R32E

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

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

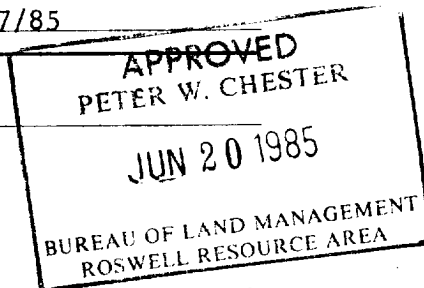
SIGNED Glenn Halls TITLE Agent DATE 6/17/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



RECEIVED

JUN 24 1985

OFFICE
HON. J. ROBERTS