

UNIT STATES P.O. BOX 1900 IN TRIPL. TE.
DEPARTMENT OF THE INTERIOR HOBBS, NEW MEXICO 88240
BUREAU OF LAND MANAGEMENT

Form approved
Budget Bureau No. 1004-C-33-1-10
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.
NM-0108997-B
6 IF 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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
CHAUEROO OPERATING Co., Inc
3. ADDRESS OF OPERATOR
4800 San Felipe, Suite 620, Houston Tex 77056
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
various locations in Sec 28 26 30/2 & 13 16/E
Unit I
14. PERMIT NO. 9-066-JH-40 15. ELEVATIONS (Show whether DF, RT, CR, etc.)
4405 Approximate GR. LEVEL

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Farrell Federal
9. WELL NO. 5
6, 17(2) 23, 24
10. FIELD AND POOL OR WILDCAT
CHAUEROO - SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
28, T7S, R33E
12. COUNTY OR PARISH
Roosevelt
13. STATE
NEW MEXICO

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

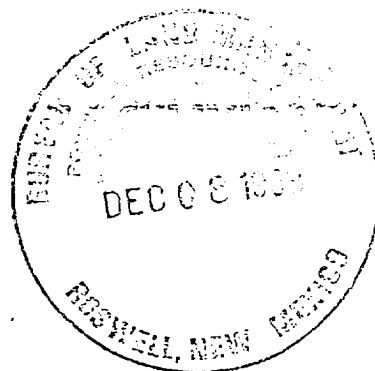
ALTERING CASING

ABANDONMENT*

(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.)

The lease has been shut in for several months. It is planned to pull rods & tubing repair pumps & pumping units to return the lease to a productive status. Other wells will be added in the future. Initial workover operations are expected to begin early December 1989.



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:

DATE

ACCEPTED FOR RECORD
PETER W. CHESTER

DEC 15 1989

BUREAU OF LAND MANAGEMENT
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side