

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 ☐

2. NAME OF OPERATOR
Chaveroo Operating Company, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 763, Hobbs, NM 88241

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2630' FSL & 1310' FEL of Sec. 28
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☒
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

NM-0108997-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Farrell Federal

9. WELL NO.

21

10. FIELD OR WILDCAT NAME

Chaveroo San Andres

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

Sec. 28, T7S, R33E

12. COUNTY OR PARISH 13. STATE

Roosevelt

NM

14. API NO.

30-041-20689

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

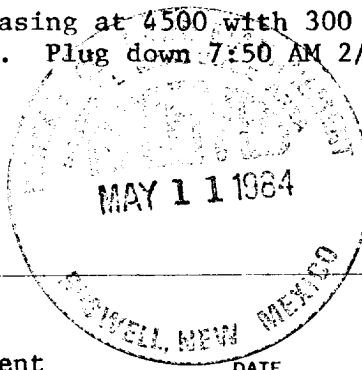
4403.7 GR

(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.)*

Cemented 8 5/8" 24# J-55 casing at 1797 with 465 sacks Lite cement with 1/4# Flocele per sack and 300 sacks class C, 2% calcium chloride. Circulated 81 sacks. Plug down 6:17 PM 2/20/84. WOC 18 hours, tested casing with 500# for 30 minutes, test O.K.

Cemented 4 1/2" 10.5# J-55 casing at 4500 with 300 sacks 50/50 Pozmix with 5# salt per sack. Plug down 7:50 AM 2/28/84.



Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

Donna Dolles

TITLE Agent

DATE

5/9/84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

PETER W. CHESTER

APPROVED BY
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

JUN 4 1984

RECEIVED BY
JUN 05 1984
O. C. D
ARTESIA, OFFICE

JUN 11 1984
O.C.D.
MOBBS OFFICE