

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NM OIL & GAS PERMIT IN TRIPPLIC.
Prior Cons. Instructions on re-verse side
COMMISSION
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0108997-B	
2. NAME OF OPERATOR Chaveroo Operating Company, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM 88241		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1310' FNL & 1310' FEL of Sec. 28		8. FARM OR LEASE NAME Farrell Federal	
14. PERMIT NO.		9. WELL NO. 17	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4408.6 KB		10. FIELD AND POOL, OR WILDCAT Chaveroo San Andres	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T7S, R33E	
		12. COUNTY OR PARISH Roosevelt	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.) *

Spud 2:30 AM 1/17/84. Cemented 8 5/8" 24# J-55 Casing at 1811 with 580 sacks lite cement, 1/4# flocele per sack & 200 sacks class "C", 2% calcium chloride.cement circulated. Plug down 7:05 AM 1/21/84. WOC 18 hours. Pressure test casing with 500# for 30 minutes, test O. K.

Cemented 4 1/2" 10.5# J-55 casing at 4522 with 400 sacks class "C", .4% CFR-2, 6# Salt & 6# gilsonite per sack. Opened DV tool at 2660 & cemented with 700 sacks class "C".4% CFR-2, 6# salt & 6# gilsonite per sack. Plug down 11:39 PM 1/30/84.



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

SIGNED Donna Hall TITLE Agent DATE 3/26/84

(This space for Federal or State office use)

ACCEPTED FOR RECORD
APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: APR 9 1984

*See Instructions on Reverse Side

RECEIVED BY
APR 12 1984
O. C. D.
ARTESIA, OFFICE

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ARTESIA, OFFICE