

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
Box 763, Hobbs, NM 88241
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1310' FNL & 2630' 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: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐ ☒
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) ☐ ☐

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.
18
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
Roosevelt
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4411.4 KB

(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.)*

Spud 4:00 PM 1/31/84. Cemented 8 5/8" 28# J-55 casing at 1782 with 365 sacks Lite cement with 1/4# Flocele per sack & 200 sacks class C, 2% calcium chloride. Plug down 4:50 AM 2/3/84. Cement did not circulate. Ran 4 joints 1" and circulate cement to surface with 21 sacks. Job complete 11:10 AM 2/3/84. WOC 18 hours, test 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 10:30 AM 2/11/84.

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

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

SIGNED Peter W. Chester TITLE Agent DATE 5/8/84

ACCEPTED FOR RECORD (This space for Federal or State office use)
APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
MAY 14 1984

RECEIVED BY
MAY 15 1984
O. C. D.
ARTESIA, OFFICE

RECEIVED
MAY 21 1984
O.C.D.
HOBBS OFFICE