

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. DRAWER 1599, LOVINGTON, NEW MEXICO 88260
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2630'FNL & 1310'FWL OF SECTION 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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) CHANGE OF OPERATOR	<input type="checkbox"/>	<input type="checkbox"/>

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.)*

PERMIT TO DRILL THE ABOVE DESCRIBED WELL HAS BEEN APPROVED BUT OPERATIONS HAVE NOT COMMENCED. THIS NOTICE IS TO CHANGE THE OPERATOR OF THE PROPOSED WELL

FROM: JOE E. BROWN
P.O. BOX 543
LOVINGTON, NEW MEXICO 88260

TO: CHAVEROO OPERATING COMPANY, INC.
P.O. DRAWER 1599
LOVINGTON, NEW MEXICO 88260

CHAVEROO OPERATING COMPANY, INC. IS FAMILIAR WITH THE PERMIT TO DRILL AS APPROVED AND WILL COMPLY WITH THE TERMS AND CONDITIONS OF APPROVAL. THE COMPANY REPRESENTATIVE IS:

WILLIAM J. GRAHAM
4800 SAN FELIPE, SUITE 620
HOUSTON, TEXAS 77056
TELEPHONE: 713-627-2875

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

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

SIGNED Arthur R. Brown TITLE Agent DATE DEC 22 1983

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER DATE _____
CONDITIONS OF APPROVAL, IF ANY:

DEC 23 1983

RECEIVED BY
DEC 27 1983
O. C. J.
AIRMAIL OFFICE

RECEIVED
DEC 28 1983
O. C. J.
MAILS OFFICE