

N. M. OIL & GAS COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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 ☒ gas ☐ other ☐
well well well
2. NAME OF OPERATOR
JOE E. BROWN
3. ADDRESS OF OPERATOR
P.O. BOX 543, LOVINGTON, NEW MEXICO 88260
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1310' FSL & 2630' FWL 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 | <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 CEMENTING PROGRAM | | | |

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.
24
10. FIELD OR WILDCAT NAME
CHAVEROO SAN ANDRES
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 28, T. 7 S., R. 33 E.
12. COUNTY OR PARISH
ROOSEVELT
13. STATE
NEW MEXICO
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4411.7 GL

(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.)*

THE APPLICATION FOR PERMIT TO DRILL THE ABOVE DESCRIBED WELL WAS APPROVED
SUBJECT TO THE STIPULATION THAT THE 4-1/2" CASING BE CEMENTED WITH SUFFICIENT
CEMENT TO TIE BACK TO THE SURFACE CASING.

IT IS REQUESTED, INASMUCH AS THE SURFACE CASING IS TO BE SET IN THE RUSTLER
ANHYDRITE WITH CEMENT CIRCULATED, THAT THE ABOVE STIPULATION BE VOIDED AND

THAT APPROVAL BE GIVEN TO CEMENT THE 4-1/2" CASING WITH SUFFICIENT CEMENT TO
FILL 600 FEET ABOVE THE TOP OF THE PAY ZONE.

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 NOVEMBER 15, 1983

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS
CONDITIONS OF APPROVAL NOV 17 1983

DATE

RECEIVED

NOV 18 1983

C.C.D.
HOBBS OFFICE

