

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88249

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-005- 10468                                                                       |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>OG - 1062                                                           |
| 7. Lease Name or Unit Agreement Name<br>KM CHAVEROO SA UNIT                                         |
| 8. Well No.<br>14                                                                                   |
| 9. Pool name or Wildcat<br>CHAVEROO <i>San Andres</i>                                               |

|                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                                                                         |
| 2. Name of Operator<br>KERR MCGEE CORPORATION                                                                                                                                                                    |
| 3. Address of Operator<br>P.O. BOX 11050 MIDLAND, TEXAS 79702                                                                                                                                                    |
| 4. Well Location<br>Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>W</u> Line and <u>1980</u> Feet From The <u>N</u> Line<br>Section <u>2</u> Township <u>8S</u> Range <u>33E</u> NMPM <u>CHAVES</u> County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>4365'                                                                                                                                                      |

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                        |                                           | SUBSEQUENT REPORT OF:                                                    |                                               |
|------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" type="checkbox"/>                        | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>                         | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  |                                           | CASING TEST AND CEMENT JOB <input type="checkbox"/>                      |                                               |
| OTHER: <input type="checkbox"/>                |                                           | OTHER (Conversion to Injection Well) <input checked="" type="checkbox"/> |                                               |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

|         |                                                                                                                                                                                                                                                                                                       |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12-1-89 | TOOH w/ pump, rods & tbg. TIH w/bit & csg scraper. Work csg scraper from 4040-4160'. TOOH w/ bit & csg. scraper.                                                                                                                                                                                      |
| 12-2-89 | TIH w/ inj. pkr & plastic coated tbg. Set pkr. @ 4118' w/ 15 pts over tension. Load annulus, pressured to 500#, bled back to 410# in 11 min. RD & moved to well #17.                                                                                                                                  |
| 1-12-90 | Released pkr. TOH & change pkr. shears to 50,000#. TIH w/ inj. pkr. & plastic coated tbg. Set pkr @ 4118' w/ 35 points over tension. Load annulus w/corrosion inhibited fresh water. Pressure to 300#, held for 30 minutes. Pressure test witnessed & pressure chart provided to Jack Griffin, NMOCD. |
| 1-26-90 | Start injection @ rate of 300 BWPD on vacuum.                                                                                                                                                                                                                                                         |

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Linda K Wooten TITLE Engineering Tech DATE 2/14/90  
TYPE OR PRINT NAME Linda Wooten (915) TELEPHONE NO. 688-7000

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

FEB 22 1990

BR-2221  
B 0-1000-8

801  
KERN MOUNTAIN  
YONKERS NY  
96 WEEK  
1000 \* DANCE SQUAD  
FAC 2 T-83  
1-75-90