

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 ☒
well well other

2. NAME OF OPERATOR

Chama Petroleum Company

3. ADDRESS OF OPERATOR

P.O. Box 31405, Dallas, Texas 75231

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2180' FSL & 660' FEL Sec. 1

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

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) Recomplete

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.)*

8-5-83: Continued

with 6000# tubing pressure, flowed estimated 50 bbls. load fluid to pit in 3½ hrs., had very small flare, rigged up & swabbed estimated 20 bbls. load water, lowered fluid level from 9500' to 12,500', estimated 17 bbls. load water yet to recover, closed in overnight.

8-6-83: 11 hr. closed in tubing pressure 475#, blowed down in 25 min. to small flare, rigged down pulling unit, rigged up swab unit, found fluid level at 10,000' from surface, swabbed estimated 7½ bbls. load water, lowered fluid level to 13,000' from surface, recovered some distillate on 3rd thru 6th swab run, did not get any fluid on 7th run, closed in well

8-7-83: 20 hr. closed in tubing pressure 200#

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

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

SIGNED Ruthie Craft TITLE Prod. Secretary DATE August 15, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: