

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</small>		5. LEASE DESIGNATION AND SERIAL NO. <b>NM-4312</b>
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <b>Chama Petroleum Company</b>		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <b>5015 Tracy Street, Dallas, Texas 75205</b>		8. FARM OR LEASE NAME <b>Pennzoil Federal</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b>  <b>2180' FSL &amp; 660' FEL</b>		9. WELL NO. <b>1</b>
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <b>Undesignated North Quail Ridge Morrow</b>
15. ELEVATIONS (Show whether DF, ST, OR, etc.) <b>3,776' GL</b>		11. SEC., T., R., M., OR BLE. AND SURVEY OR ABMA <b>Sec. 1, T-19-S, R-33-E</b>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		12. COUNTY OR PARISH <b>Lea</b>
13. STATE <b>New Mexico</b>		

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NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZES <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Progress Report (Completion)</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)\*

9-23-80: SITP 650, blew down immediately, no hydrocarbon gas, ran swab, fluid level 50' from surface, pulled from 1000', recovered 950' black formation water & caught sample, came out of hole, unseated stinger with model "D" packer, displaced produced water from tubing with treated casing fluid by way of kill truck, over displaced 8 bbls., tubing & casing balanced when truck was unhooked, laid down 1 joint of tubing & 1 10' sub, came out of hole with tubing, removed "EL" receptacle, production tubes, latch & slips from seal assembly, redressed seal assembly, went in hole with tubing & seal assembly, stopped 9 stands off bottom, SDFN

9-24-80: Presently coming out of hole; 1st squeeze failed due to Halliburton malfunction, ordered more cement, waited 3 hours for cement, brine & fresh water, respotted cement, stung into packer, pumped 1 1/2 bbls. water per min. when cement hit formation, pressure 5800 psig at 1 bbl. per min., with 6 1/2 bbls. below packer, 6 bbls. into formation, pressure rose to 6000 psig, slowed input rate to 1/4 bbl. per min., with 6 3/4 bbls. into formation, pressure locked up at 6200 psig, waited 6 min., repressured, no movement, pulled out of packer & reversed out 13 bbls. of cement with treated casing fluid, volume measurement checked O.K., started out of hole, pulled 27 stands. SDFN.

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

SIGNED *Chama* TITLE President DATE 10-1-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

OCT 20 1980

O. F. D.  
ARTESIAN OFFICE

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