

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
Chama Petroleum Company

3. ADDRESS OF OPERATOR  
5015 Tracy Street, Dallas, Texas 75205

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
1980' FNL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, GR, etc.)  
3,776' GL

5. LEASE DESIGNATION AND SERIAL NO.  
NM-4312

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Pennzoil Federal

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
Undesignated North Quail Ridge Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 12, T-19-S, R-33-E

12. COUNTY OR PARISH  
Lea

13. STATE  
New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Remedial Work Report <input checked="" 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.)

9-12-80: SIP 130, blew well down in 6 min., had a fair flare, ran swab, recovered gas but no fluid with traces of distillate. Shut down waiting for Western Co., acidized, 1st stage: 500 gal. acid + 1000 standard cubic feet nitrogen per bbl., average injection rate 2.4 bbl. per min., average pressure 7800, minimum pressure 7400, ISDP 7400, waited 2 hours & acidized, 2nd stage with 5000 gal. acid + 1000 standard cubic feet nitrogen per bbl. using 16 ball sealers, average injection rate 4.7 bbl. per min., minimum pressure 8000, maximum pressure 8700, average pressure 8500, had poor ball action, had 1 pressure increase of 200 lbs. when balls hit, ISDP 7600, 5 min. SIP 6750. Waited 1/2 hour & removed tree saver. Opened well with 2500 lbs., flowed back KCL water for 30 min & well died. Rigged up swab. 1st run: fluid level 5200' scattered, pulled from 7000' & recovered 2000' of nitrogen & load water, well flowed for 20 min. behind swab & died. 2nd run: fluid level at 5600', pulled from 2000', well kicked for 15 min. 3rd run: fluid level at 5800', pulled from 7200' & recovered 1400' of nitrogen & water, well flowed for 20 min. behind swab run, had traces of natural gas, 4th run: fluid level at 7400', well flowed for 20 min. behind swab flowing natural gas which burned. SDFN

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

SIGNED Castro TITLE \_\_\_\_\_

(This space for Federal or State office use)

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

DATE \_\_\_\_\_

DATE \_\_\_\_\_