

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-4312	
2. NAME OF OPERATOR Chama Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 5015 Tracy Street, Dallas, Texas 75205		7. UNIT AGREEMENT NAME	
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		8. FARM OR LEASE NAME Pennzoil Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,776' GL		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"/>	

(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.) *

- 9-9-80: Rigged up Schlumberger, went in hole & got on depth by marker joints from 13,002 to 13,021. Perforated top down with 1 shot per foot at 13,179, 181, 183, 185 (4 holes), 13,192, 93, 94, 95 (4 holes) 13,199, 200, 201, 202 (4 holes), 13,207, 209, 211, 213 (4 holes), came out of hole with guns, went in hole with Baker Model "D" packer & set bottom of packer at 13,160'. SDFN
- 9-10-80: Went in hole with down hole equipment & tubing, stung into packer, spaced out, took off BOP & put acid away, formation broke at 5500 psig, put acid away at 5850# at 1 bbl. per min. ISDP 4800, 5 min. SIP 3500, opened well with 1000 psig, well blew right down, rigged up swab, swabbed down to 6000' from surface & recovered brine water. SDFN
- 9-11-80: SIP -0-, tubing on slight vacuum, started swabbing, fluid level 5200' down from surface, recovering brine water, swabbed to seating nipple, recovered natural gas on 7 th swab run from 8200', swabbed down with gas recovery on each run, swabbed to seating nipple & swabbed well dry. SDFN.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: