

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OIL CONS. COMMISSION
SUBMIT IN TRIPPLICATE (Other instructions on reverse side)
HOBBBS-NEW MEXICO 80240

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-28880

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Rett Federal Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undes. Lea Penn Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 23, T20S, R34E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 RE-ENTRY

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 and in accordance with any State requirements.* See also space 17 below.)
At surface

660' FSL & 660' FEL of Section 23.

14. PERMIT NO.

approved 2/22/85

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3698' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

5/10/85: Called Bureau of Land Management and received P&A instructions from Mr. Armando Lopez. RU Halliburton. Spotted a 150' Class "H" cmt. plug from 3423' - 3273', pulled up to 1700' and spotted 150' Class "H" cmt. plug back to 1550', pulled up to 900' and spotted a 100' Class "H" cmt. plug to 800', pulled up to surface and spotted a 15 sack Class "H" surface cmt. plug. Cut off 13-3/8" csg. Welded plate on csg. stub. Will erect a P&A marker after drilling the Rett Federal Com 1-Y, which will be on the same pad which will be extended 100' West. This extension is within the boundaries given Bureau of Land Management Approval in the Archeological Clearance Report dated January 18, 1985 by Dr. J. Loring Haskell.

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

SIGNED

TITLE President

MAY 22 1985

(This space for Federal or State office use)

DATE

May 20, 1985

APPROVED BY

TITLE

DATE

5-22-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
AUG 8 1986
O.C.D.
HOBBS OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

CONFIDENTIAL

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 ☐ well ☐ gas ☒ well ☐ other ☐ Re-Entry

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: 660' FSL & 660' FEL of Sec. 23
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Activity		X	

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.)*

4/9/85 thru 4/11/85: Continued trying to get into and dress off old 9-5/8" csg. stub, all attempts have been unsuccessful so far. SI well for further evaluations.

RECEIVED

APR 22 1985

HOBBS, NEW MEXICO

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED [Signature] TITLE President

DATE 4/17/85

(This space for Federal or State office use)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

CONFIDENTIAL

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 Form 9-331-C for such proposals.)

1. oil ☐ well ☐ gas ☒ 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: 660' FSL & 660' FEL of Sec. 23

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Activity

SUBSEQUENT REPORT OF:

☐

☐

☐

☐

☐

☐

☐

☒

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.)*

3/28/85 thru 4/8/85: Continued trying to get into and dress off old 9-5/8" csg. stub, unsuccessful so far but making some progress.

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

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

SIGNED Shelley L. Swartz-Dreber TITLE Regulatory & DATE 4/15/85

Production

(This space for Federal or State office use)

APPROVED BY **ACCEPTED FOR RECORD**

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APR 25 1985

*See Instructions on Reverse Side

CARLSBAD, NEV. MEXICO

Reserve
JUL 8 1966
G.C.B.
Trust Office

CHOCIAH FOR G999-1204

100 046

CHOCIAH FOR G999-1204

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 ☐ well gas ☒ well other ☐ Re-Entry ☐

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: 660' FSL & 660' FEL of Sec. 23
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Activity <input type="checkbox"/>	X <input checked="" type="checkbox"/>

5. LEASE NM-28880

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Rett Federal Com

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Undes. Lea Penn Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23, T-20-S, R-34-E

12. COUNTY OR PARISH Lea 13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3698' DF

RECEIVED

APR 01 1985

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

3/15/85: Drld. out surface cmt. plug and cmt. stringers to 280' from surface.

3/16-17/85: Cont'd drlg. out cmt. stringers.

3/18/85: Drlg. out cmt. with good circ. Drld. out of cmt. at 920'. Cont'd cleaning out to top of cmt. at 3165'. Drld. out to top of 9-5/8" csg. stub at 3284'.

3/19-27/85: Working on getting into 9-5/8" csg. stub.

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

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

SIGNED [Signature] TITLE Regulatory & Production DATE 3/27/85

(This space for Federal or State office use)

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