

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 ☐  
2. NAME OF OPERATOR  
Chaveroo Operating Company, Inc.  
3. ADDRESS OF OPERATOR  
P.O. Box 763, Hobbs, NM 88241  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1310' FSL & 1330' FEL of Sec. 28  
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) Change of Operator, Request Extension of Time

5. LEASE  
NM-0108997-B  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Farrell Federal  
9. WELL NO.  
25  
10. FIELD OR WILDCAT NAME  
Chaveroo San Andres  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 28, T7S, R33E  
12. COUNTY OR PARISH  
Roosevelt  
13. STATE  
NM  
14. API NO.  
30-041-20690  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4410.0 GL

(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.)\*

Filed to change operator from Joe E. Brown and

*PWC*

Request extension of time to October 20, 1985  
in which to begin drilling operations.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Peter W. Chester TITLE Agent DATE 9/27/84

APPROVED

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

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

CONDITIONS OF APPROVAL, IF ANY:

OCT 5 1984

APPROVED FOR 12 MONTH PERIOD  
ENDING OCT 5 1985



\*See Instructions on Reverse Side

RECEIVED

OCT 11 1984

O.C.C.  
HOBBS OFFICE