

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Drawer DD  
Artesia, NM 88210

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, T. 7 S., R. 33 E.	
12. COUNTY OR PARISH ROOSEVELT	13. STATE NEW MEXICO
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 4410.0 GL	

**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. DRAWER 1599, LOVINGTON, NEW MEXICO 88260

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1310'FSL & 1330'FEL OF SECTION 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) <input type="checkbox"/>	<input type="checkbox"/>

CHANGE OF OPERATOR

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

RECEIVED  
DEC 25 1983

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.)\*

PERMIT TO DRILL THE ABOVE DESCRIBED WELL HAS BEEN APPROVED BUT OPERATIONS HAVE NOT COMMENCED. THIS NOTICE IS TO CHANGE THE OPERATOR OF THE PROPOSED WELL

FROM: JOE E. BROWN  
P.O. BOX 543  
LOVINGTON, NEW MEXICO 88260

TO: CHAVEROO OPERATING COMPANY, INC.  
P.O. DRAWER 1599  
LOVINGTON, NEW MEXICO 88260

CHAVEROO OPERATING COMPANY, INC. IS FAMILIAR WITH THE PERMIT TO DRILL AS APPROVED AND WILL COMPLY WITH THE TERMS AND CONDITIONS OF APPROVAL. THE COMPANY REPRESENTATIVE IS:

WILLIAM J. GRAHAM  
4800 SAN FELIPE, SUITE 620  
HOUSTON, TEXAS 77056  
TELEPHONE: 713-627-2875

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

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

SIGNED Arthur E. Brown TITLE Agent DATE DEC 22 1983

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DEC 23 1983

RECEIVED BY  
DEC 27 1983  
O. C. D.  
ARMED OFFICE

RECEIVED  
DEC 28 1983  
O. C. D.  
HOBBS OFFICE

N. M. OIL CONS. Commission  
P. O. BOX 15  
HOBBS, NEW MEXICO 88240

NM OIL CONS. COMMISSION

Form Approved.  
Budget Bureau No. 42-R1424

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 ☒ gas ☐  
well well other

2. NAME OF OPERATOR  
JOE E. BROWN

3. ADDRESS OF OPERATOR  
P.O. BOX 543, LOVINGTON, NEW MEXICO 88260

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) <u>CHANGE CEMENTING PROGRAM</u>	

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.)\*

THE APPLICATION FOR PERMIT TO DRILL THE ABOVE DESCRIBED WELL WAS APPROVED  
SUBJECT TO THE STIPULATION THAT THE 4-1/2" CASING BE CEMENTED WITH SUFFICIENT  
CEMENT TO TIE BACK TO THE SURFACE CASING.

IT IS REQUESTED, INASMUCH AS THE SURFACE CASING IS TO BE SET IN THE RUSTLER  
ANHYDRITE WITH CEMENT CIRCULATED, THAT THE ABOVE STIPULATION BE VOIDED AND

THAT APPROVAL BE GIVEN TO CEMENT THE 4-1/2" CASING WITH SUFFICIENT CEMENT TO  
FILL 600 FEET ABOVE THE TOP OF THE PAY ZONE.

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

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

SIGNED

*Arthur R. Glass*  
Arthur R. Glass

Agent

DATE NOVEMBER 15, 1983

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

CONDITIONS OF APPROVAL

DATE

NOV 17 1983

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, T. 7 S., R. 33 E.

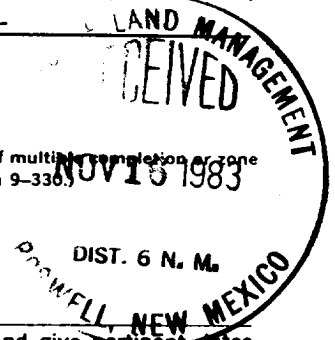
12. COUNTY OR PARISH  
ROOSEVELT

13. STATE  
NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4410 GL

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



RECEIVED  
NOV 18 1983  
C.C.D.  
HOBBS OFFICE