P. O. BOX 1980 HOBBS, NEW MEXICO 88241

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

5.	NM-0108997-B
6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
7.	UNIT AGREEMENT NAME
8.	FARM OR LEASE NAME Farrell Federal
9.	WELL NO. 19
10.	FIELD OR WILDCAT NAME Chaveroo San Andres
11.	SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 28, T7S, R33E
-	COUNTY OR PARISH 13. STATE Roosevelt NM
14.	API NO.

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.) well 🗓 gas other weil 2. NAME OF OPERATOR Chaverco Operating Company, Inc. 3. ADDRESS OF OPERATOR P.O. Box 763, Hobbs, NM 88241 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 1310' FNL & 1330' FWL of Sec. 28 AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 4407.3 GL REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Change of Request Extension of Time

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

Request extension of time to October 27, 1985 in which to begin drilling operations.

JUIC

Subsurface Safety Valve: Manu. and Type	Set @	Ft.
18. I hereby certify that the foregoing is true and correct SIGNED 11 11 11 Agent DATE	9/27/84	
APPROVED (This space for Federal or State office use) APPROVED (This space for Federal or State office use) APPROVED TITLE CONDITIONS OF APPROVAL. IF ANY: APPROVED FOR MONTH PERIOD OCT 5 1985	(OD	

*See Instructions on Reverse Side

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