Form 9-331
Dec. 1973

P. O. BOX 1900
HOBBS, NEW MEXICO 8824...

Budget Bureau No. 42-R1424

UNITED ST...S
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' FNL & 1330' FWL of Sec. 28
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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.
19

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 | 13. STATE
Roosevelt | NM

14. API NO.
30-041-20695

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4407.3 GL

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF   ☐   ☐
FRACTURE TREAT   ☐   ☐
SHOOT OR ACIDIZE   ☐   ☐
REPAIR WELL   ☐   ☐
PULL OR ALTER CASING   ☐   ☐
MULTIPLE COMPLETE   ☐   ☐
CHANGE ZONES   ☐   ☐
ABANDON*   ☐   ☐
(other) Change of Operator, Request Extension of Time

(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~~

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

> BLM 2/1/86

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

18. I hereby certify that the foregoing is true and correct
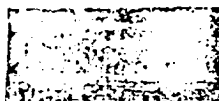SIGNED _____ TITLE ___Agent___ DATE ___9/27/84___

APPROVED (This space for Federal or State office use)

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

OCT 5 1981

APPROVED FOR 12 MONTH PERIOD
ENDING ___OCT 5 1985___

*See Instructions on Reverse Side