

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' 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

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

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.

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
Roosevelt
13. STATE
NM
14. API NO.
30-041-20695
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4407.3 GL

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

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)

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

APPROVED FOR 12 MONTH PERIOD
ENDING OCT 5 1985

OCT 5 1981



*See Instructions on Reverse Side

RECEIVED

OCT 11 1984

C.C.B.
HOBBS OFFICE