

CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-77

NO. OF TOPICS RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease
State Fed Fed
3. State Oil & Gas Lease No.
Federal

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 "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL GAS WELL OTHER Injector

7. Unit Agreement Name
Maljamar Grayburg Unit

Name of Operator
Chevron U.S.A. Inc.

8. Farm or Lease Name

Address of Operator
P.O. Box 670 Hobbs, NM 88240

9. Well No.
22

Location of Well
UNIT LETTER L 990 FEET FROM THE West 1980 FEET FROM
THE South 4 LINE, SECTION 17S 32E TOWNSHIP 4 RANGE 32E NMPM.

10. Field and Pool, or Wildcat
Maljamar Grayburg
San Andres

11. Elevation (Show whether DF, RT, GR, etc.)
4005' GR

12. County
Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK
TEMPORARILY ABANDON
PULL OR ALTER CASING
OTHER Repair Casing

PLUG AND ABANDON
CHANGE PLANS
OTHER

REMEDIAL WORK
COMMENCE DRILLING OPNS.
CASING TEST AND CEMENT JOB
OTHER

ALTERING CASING
PLUG AND ABANDONMENT

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Propose to find and isolate casing leaks. Repair casing leaks as necessary. Reequip well for injection. Test casing, packer, and tubing to 500 psi for 30 minutes. Return well to injection.

2011 JUN 19 10 40 AM
SANTA FE COUNTY RECORDS WORK

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

J. H. Bullock Jr.
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE Division Drilling Manager

DATE 6-17-1986

JUN 19 1986

COPIES OF APPROVAL, IF ANY:

RECEIVED
JUN 18 1986
C.C.P.
Housing Service

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 0315712

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Maljamar Grayburg Unit

8. FARM OR LEASE NAME

9. WELL NO.

22

10. FIELD AND POOL, OR WILDCAT

Maljamar Grayburg San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 4, T17S, R32E

12. COUNTY OR PARISH 13. STATE
Lea NM

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER Injector

2. NAME OF OPERATOR
Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR
P. O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

Unit L 990' FWL & 1980' FSL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4005' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

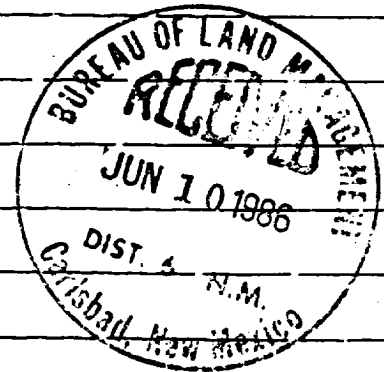
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Propose to find and isolate casing leaks. Repair casing leaks as necessary. *for NAMOCU*

Reequip well for injection. Test casing, packer, and tubing to 500 psi for 30 minutes.

Return well to injection.



18. I hereby certify that the foregoing is true and correct
SIGNED P. H. Buckley Jr. TITLE Division Drilling Manager DATE 6-9-1986

(This space for Federal or State office use)

APPROVED BY L. M. J. J. J. TITLE AREA MANAGER CARLSBAD RESOURCE AREA DATE 6-13-86
CONDITIONS OF APPROVAL, IF ANY:

Subject to Like Approval by State

*See Instructions on Reverse Side