

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC 059576

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Maljamar Grayburg Unit

8. FROM OR LEASE NAME

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Maljamar (Grayburg/San Andres)

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

Sec. 3, 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 ☐

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

660' FSL + 1905' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

4286' DF

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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Test downhole equipment

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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 perti-
nent to this work.)*

Pressured up on casing to 500 psi to test casing
and CIBP integrity. The test was performed in
June, 1986 and it was witnessed by Walter Cox.
Well will remain TA'd pending evaluation for en-
hanced recovery potential.

APPROVED FOR 12 MONTH PERIOD

ENDING 7/16/88

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

SIGNED

W. Casey

TITLE Lead Production Engineer

DATE

2/12/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

2-2357

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side