

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on
reverse side)Form approved
Budget Bureau No. 42-R141

5. LEASE DESIGNATION AND SERIAL NO.

Federal NM-09015

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

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|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> |
| 2. NAME OF OPERATOR Chevron U.S.A. Inc. |
| 3. ADDRESS OF OPERATOR P. O. Box 1660, Midland, Texas 79702 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit 0, 990' FSL & 1980' FEL, Section 4, T-17-S, R-32-E |
| 14. PERMIT NO. |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 4041 |

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| 7. UNIT AGREEMENT NAME Maljamar Grayburg Unit |
| 8. FARM OR LEASE NAME Maljamar Grayburg Unit |
| 9. WELL NO. 27 |
| 10. FIELD AND POOL, OR WILDCAT Maljamar (Grayburg-San Andres) |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-17-S, R32E |
| 12. COUNTY OR PARISH Lea |
| 13. STATE New Mexico |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | (Other) <input checked="" type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input checked="" type="checkbox"/> |
| (Other) <input type="checkbox"/> | (Other) <input type="checkbox"/> |

(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.)*

Brought risers from each casing string to the surface with valve and tag in order to conduct casing leak survey on March 6 and 7, 1979 to comply with letter dated January 4, 1979 signed by District Engineer, U.S. Geological Survey, and Oil & Gas Inspector, Energy & Minerals Department, New Mexico Oil Conservation Division.

RECEIVED

MAR 2 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

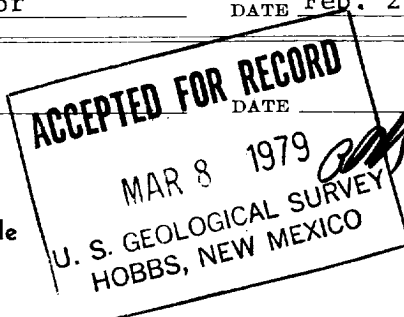
SIGNED W. A. GondeauTITLE Area SupervisorDATE Feb. 27, 1979

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side



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U. S. GOVERNMENT PRINTING OFFICE