

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

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

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injector		5. LEASE DESIGNATION AND SERIAL NO. NM 0315712
2. NAME OF OPERATOR Chevron U.S.A. Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME Maljamar Grayburg Unit
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		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, CR, etc.) 4005 GR	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 Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PCLL 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)			

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 type="checkbox"/>
(Other) Repair Casing			<input checked="" 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.) \*

Cleaned out scale to 3998. Ru and set CIBP at 3740. Located leak between 120' - 180'. Performed cement squeezed with 50 sx Class C + 2%  $\text{CaCl}_2$ . TIH to 210 and test casing to 825 psi. Test squeeze to 345 psi, bled to 300 psi in 30 minutes, and 245 psi in 75 minutes, okayed by Jerry Sextan with NMOCD. Pushed CIBP to 3990. TIH with Baker 3 1/2 C-1 inverted packer on 2 1/16 3.25#/ft J-55 injection 10 rd tubing IPC. Packer set at 362. Load casing/tubing annulus with packer fluid and test to 420 psi - no witness. Ran water injection tracer survey which showed no liner or packer leaks. Witnessed by Ray Smith with NMOCD. Hook up injection line and start injection.

ACCEPTED FOR RECORD

*SWQ*  
AUG 19 1986

CARLSBAD, NEW MEXICO

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

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
AUG 25 1966  
C.C.D.  
HOBBS OFFICE

CHEVRON U.S.A. INC.

Disposal/Injection Well  
Pressure Test Report  
New Mexico

1. LEASE NAME: MALJAMAR: GRAYBURG
2. WELL NO: R2
3. LOCATION: Unit \_\_\_\_\_ Sec 4 T 17-5 R 32-E
4. COUNTY: LEA

5. REASON FOR TEST: ☐ Initial Test Prior to Injection  
☒ After Workover  
☐ Five Year Test  
☐ Other (Specify) \_\_\_\_\_

6. DATE OF TEST: 7/9/86

7. TEST PRESSURE:

Time	Tubing	3 1/2" Casing	Surface Casing
initial	<u>0</u>	<u>420</u>	<u>0</u>
15 min.	<u>0</u>	<u>400</u>	<u>0</u>
30 min.	<u>0</u>	<u>380</u>	<u>0</u>
_____	_____	_____	_____
_____	_____	_____	_____

8. TEST WITNESSED BY OCD: ☐ Yes ☒ No  
 If Yes, Name of OCD Representative \_\_\_\_\_

9. OPERATOR COMMENTS ON TEST: LOADED BACKSIDE W/ 8.6 # BRINE W/  
1 GAL. NALCO UNITREAT 3900. ORIGINAL TEST ON SQUEEZE JOB  
DID NOT HOLD STEADY PRESSURE. 6 Pts. TENSION ON PKR.

10. WELL STATUS:

☒ Active ☐ Temporarily Abandoned ☐ Other (Specify) \_\_\_\_\_

11. CHEVRON REPRESENTATIVE: W. S. SUTTON DRLG. REP.  
 Name Title

W. S. Sutton  
 Signature

RECEIVED  
AUG 20 1986  
C.C.D.  
HOBBS OFFICE

