

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

Form BLM-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, NM 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. | | 9. WELL NO. 22 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4005' GR | | 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:

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*

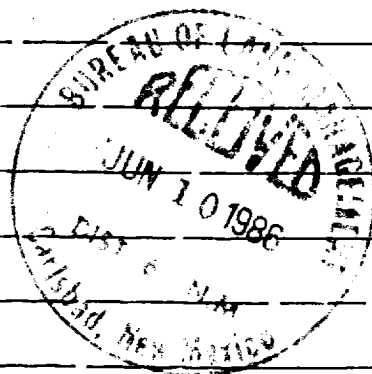
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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 NM 000*

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. Bullock Jr.

TITLE

Division Drilling Manager

DATE

6-9-1986

(This space for Federal or State office use)

APPROVED BY

Mark H. Allen

TITLE

AREA MANAGER
CARLSBAD DISTRICT

DATE

6-13-86

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

Title 18 U.S.C. Sec. 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.