

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY TO O. C. G.  
SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved  
Budget Bureau No. 42-R1424  
LEASE DESIGNATION AND SERIAL NO.

Federal NM-0315712

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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water Injection Well

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 L, 990' FWL & 1980' FSL, Section 4, T-17-S, R-32-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
GR 4005

7. UNIT AGREEMENT NAME  
Maljamar Grayburg Unit

8. FARM OR LEASE NAME  
Maljamar Grayburg Unit

9. WELL NO.  
22

10. FIELD AND POOL, OR WILDCAT  
Maljamar (Grayburg-San Andres)

11. SEC., T., R., M., OR BLE. AND  
SURVEY OR AREA  
Sec. 4, T-17-S, R-32-E

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

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. Goudeau TITLE Area Supervisor

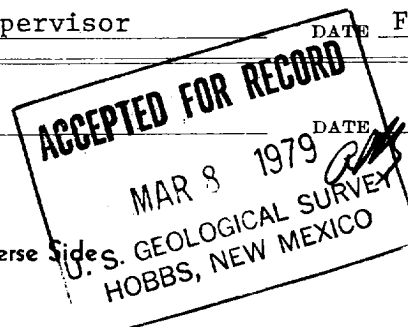
DATE Feb. 27, 1979

(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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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01-11-2001 BY 60322 UCBAW