

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 0315712

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.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER Water Injector

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

Unit N 660' FSL 2310' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

4101 GR

7. UNIT AGREEMENT NAME

Maljamar Grayburg Unit

8. FARM OR LEASE NAME

Maljamar Grayburg Unit

9. WELL NO.

26

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

PCLL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<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.)*

MIRU Tie into casing and establish injection rate. POH with tubing and packer.

PU work string, squeeze packer, and RBP. Isolate casing leaks. Cement as nessary

to repair casing leaks. Drill out cement and test casing to 500psi for 30 minutes.

POH with work string. PU injection tubing and packer. TIH to 3700. Circulate

inhibited packer fluid in annulus. Test packer and casing to 500psi for 30 minutes.

Return well to injection.

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

SIGNED

R. L. Pate

TITLE

Division Pet. Eng.

DATE

9-19-1985

(This space for Federal or State office use)

Orig: Sec. 4

APPROVED BY

TITLE

DATE

9-24-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

RECEIVED
SEP 25 1985
C.C.D.
HOBBS OFFICE