

N. M. OIL & GAS COMMISSION
P. O. BOX 1000
HOBBS, NEW MEXICO 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☐ other Water Injection

2. NAME OF OPERATOR
Chevron USA, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 1660 Midland, Texas 79702

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit N, 660' FSL & 2310' FWL
AT TOP PROD. INTERVAL: Sec. 4, T-17-S, R-32-E
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☒
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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5. LEASE
Federal NM - 0315712
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Maljamar Grayburg Unit
8. FARM OR LEASE NAME
Maljamar Grayburg Unit
9. WELL NO.
26
10. FIELD OR WILDCAT NAME
Maljamar (Grayburg-San Andres)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T-17-S, R-32-E
12. COUNTY OR PARISH 13. STATE
Lea New Mexico
14. API NO.
NA
15. ELEVATIONS (SHOW DF, KDB, AND WD)
Gr 4101

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

- 1) MIRU PU. NDWH. NUBOPE. Release pkr. & POOH w/pkr. & 2-3/8" tbg.
- 2) RU wireline truck. Run csg. inspection log from PBTD to surface.
- 3) RIH w/pkr. Set \pm 50' above perfs. & test csg. (If csg. leak exists, squeeze w/100 sxs. to standing pressure of 1500 psi., DOC & test squeeze to 1000 psi.)
- 4) Acidize 3844-3935' w/2400 gals. 15% NEFE HCL diverting w/ball sealers.
- 5) RU swab equip. & swab back load.
- 6) RIH w/inj. pkr. Set \pm 50' above perfs. Load annulus w/pkr. fluid. NDBOPE. NUWH. Place on injection.

* Remedial work to start approx. 3-1-85

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Eng. Asst.

DATE 1-15-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE AREA MANAGER

DATE 1-15-85

Subject to
Like Approval
by State

RECEIVED

JAN 24 1985

OLD
HONORARY OFFICE