

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Office use only - on re-
verse side)

Form approved
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 ☒ GAS WELL ☐ OTHER ☐	2. NAME OF OPERATOR Chevron U.S.A. Inc.	3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, New Mexico 88240	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL and 990' FWL Unit M	5. LEASE DESIGNATION AND SERIAL NO. NM0315712	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME Maljamar Grayburg Unit	8. FARM OR LEASE NAME	9. WELL NO. 25	10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg/SA	11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Sec. 4, T17S, R32E	12. COUNTY OR PARISH Lea	13. STATE NM
14. PERMIT NO.	15. ELEVATIONS (Show whether SF, ST, CR, etc.) 4097'											

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)

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) TA

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.)

Work performed: 3-20 thru 3-21-89

MIRU pulling unit. Ran WL-GR to 3820'. Set WL CIBP at 3780'. Test csg to 500psi, ok. Circulate pkr fluid. Tst csg-ok. TOH, LD tbg. RDMOPU. Change status to TA.

APPROVED FOR 12 MONTH PERIOD

ENDING 4/30/90

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

SIGNED

L. H. Spore

TITLE Technical Asst.

DATE 3-27-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

APR 3 1989

SJS

CARLSBAD, NEW MEXICO

RECEIVED

APR 5 1986

OCD
HOBBS OFFICE