

(November 1983)
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)
BUREAU OF LAND MANAGEMENT

EXPIRES AUGUST 31, 1985

6. LEASE DESIGNATION AND SERIAL NO.

NM 0315712

10. 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

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

330' FNL & 2310' FWL

7. UNIT AGREEMENT NAME

Maljamar Grayburg Unit

8. FARM OR LEASE NAME

9. WELL NO.

35

10. FIELD AND POOL, OR WILDCAT

Maljamar(Grayburg-San And.)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 9, T17S, R32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

3982' GL

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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other) Test downhole equipment

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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 pressure up on casing to 500 psi to test casing and CIBP integrity.

Well will remain TA'd pending evaluation for enhanced recovery potential.

APPROVED FOR ¹² MONTH PERIOD
ENDING 7/16/87

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

SIGNED

M. W. Tasy

TITLE

Div. Proration Engineer

DATE

5/29/86

(This space for Office or State office use)

APPROVED BY

TITLE

DATE

7-17-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
JUL 21 1986
FSC
WASH DC 20540