

H. M. BLANK
P. O. BOX 1000
HOBBES, NEW MEXICO 88240

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ gas ☐ other ☐
well well
2. NAME OF OPERATOR
Chevron USA Inc.
3. ADDRESS OF OPERATOR
P.O. Box 1660, Midland, Tx 79702
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 660' FWL
AT TOP PROD. INTERVAL:
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 | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
- (other) _____

5. LEASE Federal NM 031571 ²	
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. 45	
10. FIELD OR WILDCAT NAME Maljamar (Grayburg-San Andres)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-17-S, R-32-E	
12. COUNTY OR PARISH Lea	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) DF 4063	

(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) Repair Location
 - 2) Move-in and Rig Up Pulling Unit
 - 3) POOH w/rods & pump
 - 4) Install BOP
 - 5) POOH w/tbg.
 - 6) Test Csg. for Leak
 - 7) Squeeze Leak If Found
 - 8) Treat Producing Interval For Scale
 - 9) Acidize Producing Interval
 - 10) RIH w/tbg, Rods & Pump
 - 11) Return Well To Production

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

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

SIGNED W. A. Goudeau TITLE Area Supervisor DATE April 6, 1983

APPROVED BY (Sig.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAY 4 1983

RECEIVED

MAY 5 1983

CHIEF OF
HOEBS OFFICE