al one coms. commissium Э. ВОХ 19**80**

Form Approved. Budget Bureau No. 42-R1424

DEPARTMENT OF THE INTERIOR MEXICO **GEOLOGICAL SURVEY**

5.	LEAS	E
	T.C	059576

6.	IF INDIA	N, A	LLOTTEE OR 1	TRIBE NAME

Maljamar (Grayburg)

(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	Inj	ecti	on W	le11
2.	NAM	E OF	OPERA	TOR						
	Che	vron	0il	Comp	any					
3.	ADD	RESS	OF OP	ERATO	R					
	P. (O. B	ox 16	60,	Midland	, Texas	3	7970	2	
4.	LOC	ATION	OF WE	LL (R	EPORT LO	CATION C	LEAR	LY. Se	e spa	ce 17
		w.)	Un	it H	, 1650'	FNL 99	90'	FEL	Sec	10
	AT S	URFA	CE: T1	75 R	32E, NM	PM Ha				

"SAME AS ABOVE" 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA

9. WELL NO. 56 10. FIELD OR WILDCAT NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Majlamar Unit

Maljamar (Grayburg-San Andres) 11. SEC., T., R., M., OR BLK. AND SURVEY OR

AREA Sec 10, T17S, R32E NMPM

12. COUNTY OR PARISH 13. STATE Lea New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) GR 4184

REQUEST FOR APPROVAL TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE	το:	SUBSEQUENT	REPORT OF:
CHANGE ZONES ABANDON* (other)			4 7 T

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

(NOTE: Report results of multiple completion or zone 当づ 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.)*

"SAME AS ABOVE"

10-15-76 Moved in and rigged up.

Set CIBP @ 3900'. Displaced hole w/9.5 ppg mud. Spotted 25 sx cmt plug from 3890'-3690'. Spotted 30 sx cmt plug from 2402'-2146'. Perf 4 holes @ 1100'. Pumped 130 sx cmt down 5½" csg and out perfs. Top of cmt @ 540'.

10-18-76 Perf 3 shots @ 200'. Pump 60 sx cmt down $5\frac{1}{2}$ " csg and out perfs. Csg full of cmt.

Subsurface Safety	Valve: Manu_and Type		Set @ Ft.
18. I hereby certif	y that the foregoing is true and co	orrect	/ / .
SIGNED W. A.	Gonden TITLE	Area Superintendent	ATE 8/17/8/
	APPROVED (This spa 5gd.) PETER W. CHESTER		DATE
CONDITIONS OF AP			
	FOR JAMES A. GILLHAM DISTRICT SUPERVISOR ^{®See}	Instructions on Reverse Side	

RECEIVED

MAR 1 8 1982

ORLD. HOBBS OFFICE