

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY TO O. C. C.

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)Form approved.
Budget Bureau No. 42 R1424
5. LEASE DESIGNATION AND SERIAL NO.Federal LC-059576
6. 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Maljamar Grayburg Unit	
2. NAME OF OPERATOR Chevron U.S.A. Inc.		8. FARM OR LEASE NAME Maljamar Grayburg Unit	
3. ADDRESS OF OPERATOR P. O. Box 1660, Midland, Texas 79702		9. WELL NO. 57	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit I, 1980' FSL & 660' FEL, Section 10, T-17-S, R-32-E		10. FIELD AND POOL, OR WILDCAT Maljamar (Grayburg-San Andres)	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-17-S, R-32-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 4135		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	(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.)*

Brought risers from each casing string to the surface with valve and tag in order to conduct casing leak survey on March 6 and 7, 1979 to comply with letter dated January 4, 1979 signed by District Engineer, U.S. Geological Survey, and Oil & Gas Inspector, Energy & Minerals Department, New Mexico Oil Conservation Division.

RECEIVED

MAR 2 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED

W. A. Gondeau

TITLE Area Supervisor

DATE Feb. 27, 1979

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
MAR 8 1979U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side