Form 9-331 (May 1963)	UNITED S		SUBMIT IN TRIPLICATE	Shoper Bureau	No. 42-R1424
DEPARTME! OF THE INTERIOR (Other Instructions r			5. LEASE DESIGNATION AND SERIAL NO		
GEOLOGICAL SURVEY				LC 059576	
•••	ORY NOTICES AND orm for proposals to drill or Use "APPLICATION FOR PE	to deepen or plug back	k to a different reservoir.	6. IF INDIAN, ALLOTTEE C	DR TRIBE NAMI
1				7. UNIT AGREEMENT NAME	
OIL GAR WELL OTHER Water Injection Well 2. NAME OF OPERATOR OTHER				Maljamar (Grayburg) 8. FARM OR LEASE NAME	
Chevron Oil Company 3. Address of Operator				Maljamar Unit 9. WELL NO.	
P. O. Box 1660, Midland, Texas 79701 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface				58 10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg-San Andres	
14. PERMIT NO.	15. ELEVATION	NS (Show whether DF, RT	. GR, etc.)	12. COUNTY OF PARISH	18. STATE
		GR 4130		Lea	New Mexi
16.	Check Appropriate Br	x To Indicate Nat	ure of Notice, Report, or (Other Data	
N.C.	TICE OF INTENTION TO:			UENT REPORT OF:	
			PE4 0 4	-7	
TEST WATER SHUT-OFF	PULL OR ALTER MULTIPLE COMP		WATER SHUT-OFF	ALTERING CASE	
FRACTURE TREAT Shoot or acidize	ABANDON*	X	FRACTURE TREATMENT	ABANDON MENT	
REPAIR WELL	CHANGE PLANS		(Other)		
(Other)			(Note: Report results Completion or Recomp	of multiple completion on letion Report and Log form.	Well
2. Run and so bailer.	et CIBP on wirelin	ne to 3800'.	Spot 35' cement on	top of CIBP with	h dump
3. Load hole	with mud laden fl	luid using tub	ping.		
4. Determine	free point of 5 1	1/2" casing (I	Est 2300'-70%)		
5. Shoot off	casing, pull and	lay down 5 1,	2" casing.		
 Run tubing tubing to 	g, open ended, to 343', Spot 50 s:	50' below cas ks cement. Sp	sing stub and spot pot 10 sxs cement 2	50 sxs cement. O' to surface.	Pu11
7. Cut casing Back fill	g 3' below ground pit and clean up	level, weld s location.	steel plate with ne	edle valve and m	arker.
RONT					
18. I hereby certify that t	he foregoing is true and corr				
SIGNED	Jules	TITLE Senio	or Drilling Enginee	DATE October	14, 197
(This space for Federa	ll or State office use		an DEL	JRU \	
			ACCEPTED FOR RECT	forth	
APPROVED BY CONDITIONS OF APP	ROVAL, IF ANY:	TITLE	ACCEPTED TO		
			n Reverse Side OLOGICAL HOBBS, NEW M	NEVEV	
			OGICAL	EXICO	
		*See Instructions o	n Reverse Sign NEW M		
			HOBUL		

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