

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
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Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC-019576

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 Standard Oil Company of Texas - A Division of Chevron Oil Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 3600 Avenue S - Snyder, Texas 79549		9. WELL NO. 6	
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 and 660' FSL of Sec. 3, T-17S, R-32E		10. FIELD AND POOL, OR WILDCAT Maljamar (Grayburg-San Andres)	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit I; Sec. 3, T-17S, R-32E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 4270		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Perforate <input checked="" type="checkbox"/>	(Other) <input checked="" 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.)*

- Moved in and rigged up pulling unit.
- Pulled rods, pump and tubing.
- Perforated intervals 4058-4062, 4084-4096 and 4178-4188 with 2 CJPF.
- Run tubing, pump and rods and returned well to production.

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

SIGNED

E. W. McCants
E. W. McCants

TITLE

District Engineer

DATE

9-27-67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: