

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TP
(Other instruct
verse side)ICATE*
on re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 064149

6. IF INDIAN, ALLOTTED OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mitchell Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Maljamar (Grayburg-S.A.)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 8, T-17-S, R-32-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Standard Oil Company of Texas - A Division of Chevron Oil Co.

3. ADDRESS OF OPERATOR

3610 Avenue S, Snyder, Texas 79549

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit I, 660 FEL, 1980 FSL, Sec. 8, T-17-S, R-32-E.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4063 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Temporarily Abandonment

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

The Mitchell Federal #3 is safely cased and controlled and is periodically checked by field personnel. No hazard will be created by deferring abandonment.

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

SIGNED E.W. McCants

District Engineer

DATE 2-23-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side