

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-064150

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Maljamar (Grayburg) Unit

8. FARM OR LEASE NAME

9. WELL NO

59

10. FIELD AND POOL, OR WILDCAT

Maljamar
(Grayburg-San Andres)

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

Unit K, Sec. 10, T-17S,
R-32E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Standard Oil Company of Texas

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 K; 1980' FSL and 1980' FWL of Sec. 10, T-17S, R-32-E

14. PERMIT NO.

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

GR 4123

18.

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)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Perforate

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

(NOTE: Report results of multiple completion on Well Completion or Recombination 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.)*

1. Moved in and rigged up pulling unit.

2. Pulled rods, pump and tubing.

3. Perforated intervals 3856-3858, 3904-3910, 3938-3941, 3949-3952, 3982-3990 and 3995-3998 with 2 CJPF.

4. 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

TITLE

District Engineer

DATE

9-27-67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side