

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
TEXICO 88240

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-059576

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

Maljamar Grayburg Unit

8. FARM OR LEASE NAME

9. WELL NO.

63

10. FIELD AND POOL, OR WILDCAT

Maljamar Grayburg

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

Sec10,T17S,R32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Chevron U.S.A. Inc.

3. ADDRESS OF OPERATOR

P.O. Box 670, Hobbs, New Mexico 88240

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

660 FSL and 1980 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, BT, CR, etc.)

4105

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)

It is proposed to perform a casing integrity test on this well and verify that the production casing is in good condition and repair casing leaks as needed.

(CIBP @3795)

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

SIGNED L. E. Elmore

TITLE Technical Asst.

DATE 3-3-89

(This space for Federal or State office use)

APPROVED BY CHIEF OF BUREAU
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 3-13-89

*See Instructions on Reverse Side