

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instruct' on re-
verse side)

PROJECT 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.)

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 Chevron U.S.A. Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240	9. WELL NO. 63
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL, 1980' FEL	10. FIELD AND POOL, OR WILDCAT Maljamar (Grayburg) SA
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 10, T17S, R32E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4105' GL	12. COUNTY OR PARISH 13. STATE Lea NM

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 PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Test downhole equipment

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.)*

pressured up on casing to 500 psi to test casing and CIBP integrity. The test was performed in June, 1986 and it was witnessed by Walter Cox. Well will remain TA'd pending evaluation for enhanced recovery potential.

APPROVED FOR ¹² MONTH PERIOD

ENDING 7/16/88

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

SIGNED

MW Casey

TITLE Lead Production Engineer

DATE 2/12/87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 2-25-87

*See Instructions on Reverse Side

RECEIVED

FEB 24 1981

OCD

HOBBS OFFICE