

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Other Instructions on Reverse Side
APPLIES AUGUST 31, 1985
LEASE DESIGNATION AND SERIAL NO.

LC 059576

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-San And.)
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 Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) Test downhole equipment <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)*

Propose to pressure up on casing to 500 psi to test casing and CIBP integrity.

Well will remain TA'd pending evaluation for enhanced recovery potential.

APPROVED FOR 12 MONTH PERIOD
ENDING 7/16/87

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

SIGNED

M. W. Lacey

TITLE

Div. Proration Engineer

DATE 5/29/86

(This space for Federal or State office use)

APPROVED BY

Opd. Sgd. [Signature]

TITLE

DATE

7-17-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side