

W. M. OIL CONTS. COMMISSION
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Form approved
Budget Bureau No. 1004-01
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.)

RECEIVED
FEB 7 12 13 PM '89
NM-0315712

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	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, New Mexico 88240	9. WELL NO. 39
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also number 17 below.) AK surface Unit G, Sec. 9 Twp 17S, R32E, 1980 FNL and 1980 FEL	10. FIELD AND POOL, OR WILDCAT Maljamar (Grayburg/SA)
14. FARM NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T17S, R32E
15. ELEVATIONS (Show whether OF, AT, OR, ETC.) 4096	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NATURE OF INTENTION TO:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
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. ADDITIONAL INFORMATION ON COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion or recompletion. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)
IA well run csg integ. test XX
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

It is proposed that the subject well be temporarily abandoned (i.e. set CIBP @ $\pm$ 3808') and that a casing integrity test be performed as required by the BLM.

This is a fee well.

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

SIGNED L.K. Elmue

TITLE Technical Assistant

DATE 2-6-89

(This space for Federal or State office use)
ORIG. SEC. RAJ/GRI

APPROVED, STATE MINERAL RESOURCES
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 2-22-89