

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

LC-48296

6. If Indian, Allottee or Tribe Name

N/A 046295

7. If Unit or CA, Agreement Designation

ARROWHEAD  
GRAYBURG UNIT

8. Well Name and No.

ARW #149

9. API Well No.

30-025-08733

10. Field and Pool, or Exploratory Area

ARROWHEAD/GRAYBURG

11. County or Parish, State

LEA CO. NEW MEXICO

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address and Telephone No.

P.O. BOX 1150 MIDLAND, TX 79102 ATTN: P.R. MATTHEWS (915) 687-7812

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SEC 1, T22S, R36E

660 FNL & 660 FWL UNITED

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other DEEPEN, LOG, PERT, ACQZ  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

13. 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.)\*

MIRU, POOH W/PROD. EQUIP. TST/CSG TO 500 PSI - OK.

DRLG FORMATION 3850-3890

LOG Hole: DSN-SDL-DLL-MICRO GUARD-GR-CAL

DRILL FORMATION 3890-3904, INTO ZONE 5 OF GRAYBURG.

ACDZ 3747-3904 W/1000 GALS 15% NEFE SWB/TST.

Pert 3680-3722, 34 HOLES TOTAL

ACDZ Perts W/600 GALS 15% NEFE SWB/TST.

TIH W/PROD. EQUIP.

RETURN TO PRODUCTION.

WORK BEGAN 9-3-91 WORK ENDED 9-10-91

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

Signed P.R. Matthews

Title TECHNICAL ASSISTANT

Date 9/12/91

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Adm

Date