

State of New Mexico
 Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

to Appropriate
 District Office

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells) 30-025-04930	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT	
8. Well No. 126	
9. Pool name or Wildcat ARROWHEAD/GB	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3537' GR	

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK
 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
 (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
 OIL WELL GAS WELL OTHER CONVERT TO WATER INJECTOR

2. Name of Operator
CHEVRON U.S.A. INC.

3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location
 Unit Letter **E** : **1980** Feet From The **NORTH** Line and **660** Feet From The **WEST** Line
 Section **36** Township **21S** Range **36E** NMPM **LEA** County

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CMT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: PULL PROD TBG & PMP & INSTALL INJ TBG & PACKER & CONVERT TO WTR INJ <input type="checkbox"/>	

12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including anticipated date of starting any proposed work) SEE RULE 1103.

WORK PERFORMED 12-22 THRU 12-22-92
POH W/RODS & PMP, ND WH, NU BOP. RIIH WITH PLASTIC COATED INJECTION PACKER
& 2-3/8 LINED INJ TBG TO 3700' & SET PACKER. CIRC PKR FLUID, ND BOP
NU WH, TEST ANNULUS TO 300 PSI F/30 MINUTES
PLACE WELL ON INJECTION

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Nita Rice* TITLE **TECHNICAL ASSISTANT** DATE: **2/18/93**

TYPE OR PRINT NAME **NITA RICE** TELEPHONE NO. **(915)687-7436**

APPROVED BY **ORIGINAL SIGNED BY JERRY SEXTON** DATE **FEB 22 1993**
DISTRICT I SUPERVISOR TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

Nita Rice