

Submit 3 Copies
to Appropriate
District Office

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

Form C-103
Revised 1-1-89

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

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" (FORM C-101) FOR SUCH PROPOSALS.)		API NO. (assigned by OCD on New Wells) 30-025-10362
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator CHEVRON U.S.A. INC.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON		7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT
4. Well Location Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line Section 19 Township 22S Range 37E NMPM LEA County		8. Well No. 247
10. Elevation(Show whether OF, RKB, RT, GR, etc.) 3429'		9. Pool name or Wildcat ARROWHEAD GRAYBURG UNIT

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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>		OTHER: C/O, ACDZ <input checked="" type="checkbox"/>
		ALTER CASING <input type="checkbox"/>
		PLUG AND ABAN. <input type="checkbox"/>

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

MIRU 1/29/96. PICKLE TBG W/350 GALS HCL. ACDZ PERFS 3600'-3690' AND OH
3718'-3900' W/3400 GALS ACID. SWAB. RIH W/2 7/8" TBG TO 3860'.
TURN WELL OVER TO PRODUCITON 01/31/96.

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

SIGNATURE *Wendi Kingston* TITLE TECH. ASSISTANT DATE: 2/7/96
TYPE OR PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7826

APPROVED BY ORIGINAL SIGNED BY WENDI KINGSTON TITLE DISTRICT I SUPERVISOR DATE FEB 08 1996
CONDITIONS OF APPROVAL, IF ANY:

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