Submit 3 Copies to Appropriate

State of New Mexico

Form C-103 Revisied 1-1-89

01210 01 11011 11101200										
Energy	y, Minerals	and Natura	l Resources	Department						
OIL	CONSE	RVATIO	N DIVI	SION						

District Office			OIL CONS	SEKVA	HOM DIV	NISION					
				P.O. Bo	× 2088						
DISTRICT !			Santa	Fe, Nev	v Mexico (87504-2 0	880				
	, Hobbs, NM 88240			•							
DISTRICT II							API NO. (sesigned by OCD on New Welle)				
P.O. Drawer Dd, Artesia, NM 88210						30-025-31519					
DISTRICT III							5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, Nm 87410							STATE [FEE			
								6. State Oil &	Gas Lease No.		
								N/A			
SUNDRY NOTICES AND REPORTS ON WELLS											
							7. Lesse Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"								ARROWHEAD GRAYBURG UNIT			
		(FORM C-	101) FOR SUCH F	PROPOSALS	S.)						
1. Type of W	ell;							1			
OIL		GAS	_								
WELL		WELL	OTHER	WTR II	N)						
2. Name of Op	perator							8. Well No.			
	CHEVRON U.S	S.A. INC.]	113 WIW		
3. Address of						'		9. Pool name o	or Wildcat		
P.O. BOX	1150 MIDLAN	D, TX 7970	2 ATTN: NIT	A RICE				ARROWHEAD			
4. Well Locatio		14	660 -	set From The		SOUTH		6.0	20	WEST	
Unit Letter	25	<u>М</u> :			21 SOUT		Line and	36E	NMPM	LEA	Line County
Section	23 ::::::::::::::::::::::::::::::::::::			ownehip O. Elevation(Show whether D		Renge R. etc.)	302	NMPM		County
						3524'	•				
<i>1</i> 1		Check Appl	ropriate Box to Inc	decete Net			ther Date				
11	NOTICE OF IN		•	docato Mari	l			PORT OF:			
PERFORM REM		PLUG AND	_	7	REMEDIAL WO			1	ALTER CASING		
	}	_					<u> </u>	ł			
TEMPORARILY	,	CHANGE PL	~ L		COMMENCE DE		<u> </u>		PLUG AND ABAI	٧.	
PULL OR ALTER				_	CASING TEST	AND CMT JOB		j			_
OTHER:	STIMULATE		X		OTHER:						
	Proposed or Completed			detaile, and gi	ve pertinent date	s, including					
esticated de	ste of starting any prop	WORK SEE	TOLE 1103.								
	WE PROPOSE	TO: MIRI	NO WAS NO	BUDE (1	EAN OUT	TO 2025'	CIRC CI	EAN			
		-	•								
	TREAT PERFS							GALS/FI			
	ACID. SWAB.			PROD W	TR. RIH W/	TBG. RD I	MO.				
	TURN WELL C	OVER TO PR	IODUCTION.								
	01		1								
I hereby certify	thes the Memphism at		emplies to the best of	of my knowled	sge and belief.			 			
SIGNITURE	(Wers	067 V	Kaskon	MLE.	TECH. AS	SISTANT		DATE:	07/12/94		
,			0	,							
TYPE OR PRINT	NAME	WENDI K	INGSTON			<u></u>		TELEPHONE NO	o. (915)687-1	7436	
				OBICIN	AL CIONES	מתכפו או	/ CEV7/1	M			
APPROVED BY			Tr		AL SIGNED			N. DATE	JUL 14	1994	

العهابين أأسيط عاوسته مواسدهم مماسيهم ورمواريها الامتحاد الأكار المارا كالماراة ويستادا الأرار

CONDITIONS OF APPROVAL, IF ANY: