Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-89

| P.O. Bo | | WELL API NO. 30 - 025 -08744 |
|--|-------------------------------|--|
| P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 | | 5. Indicate Type of Lease |
| | | STATE FEE 6. State Oil & Gas Lease No. |
| 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.) 1. Type of Weil: | | 7. Lease Name or Unit Agreement Name ARROWHEAD GRAY BUT |
| OIL GAS | NJECTOR | UNIT |
| CHEVRON U.S.A. INC. 3. Address of Operator | | 8. Well No. 17/ ## |
| P.O. BOX 1150 MIDLAND TX 79702 AHN. RM 4115-A | | 9. Pool name or Wildcat ARROWHEAD |
| Unit Letter K: 2310 Feet From The SOUTH Line and 2310 Feet From The WEST Line | | |
| Section 7 77 S | | |
| 10. Elevation (Show wi | sether DF, RKB, RT, GR, etc.) | VMPM LEA County |
| Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON | REMEDIAL WORK | ALTERING CASING |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT | | |
| PULL OR ALTER CASING CASING TEST AND CEMENT JOB | | |
| OTHER: OTHER: | | |
| 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. | | |
| M. D. 1 D. 1 D. 1 | | |
| MIRO, POH W/IBG. LAST 1000' BOWED. RIH W/IMPRESSION BLK. | | |
| LAST TOOK BOOKED. TEL DE DESERVITE DE LAST | | |
| TOH, TBG APPEARS TO BE OUTSIDE CSG. | | |
| SUSPEND OPERATIONS. | | |
| SUSPEND OPERATIONS. EVALUATE ECONOMICS of CONTINUE OPERATIONS. | | |
| | | |
| | | |
| I hereby certify that the information above is true and complete to the best of my knowledge | and belief. | |
| SIGNATURE M. E. Olkin | TIME DRLG. SU | PT. DATE 6-20-91 |
| TYPE OR PRINT NAME M.E. AKINS | | TELEPHONE NO.1687-78(2 |
| (This space for State Use) | | |
| APPROVED BY | тп.е | |
| | | DATE |