Submit 3 Copies to Appropriate

CONDITIONS OF AFFROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C	-103
Revised	1-1-89

District Office	•	KeyBett 1.1-0)
	ATION DIVISION ox 2088	WELL API NO.
	exico 87504-2088	30-025-08745 5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS OF COMMON OF THE SUNDRY NOTICES AND REPORTS OF COMMON OF THE SUNDRY NOTICES AND REPORTS OF COMMON O	EEPEN OR PLUG BACK TO A FOR PERMIT	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL GAS OTHER	njector)	Arrowhead Grayburg Unit
2. Name of Operator		8. Well No.
Chevron U.S.A., Inc. 3. Address of Operator		9. Pool name or Wildcat
P. O. Box 1150, Midland, TX 79702		Arrowhead Grayburg
4. Well Location		nilowieda Glaybarg
Unit Letter : 660 Feet From The Sout	th Line and 198	Feet From The East Line
Section 2 Township 22S	Range 36E	NMPM Lea County
<i>\////////</i>	whether DF, RKB, RT, GR, etc.)	
	3525' GR	and an Other Date
11. Check Appropriate Box to Ind. NOTICE OF INTENTION TO:		SEQUENT REPORT OF:
	REMEDIAL WORK	
		ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING	CASING TEST AND CE	
		Injection [
OTHER:	OTHER: Initial	Thjeetion
 12. Describe Proposed or Completed Operations (Clearly state all persinent diwork) SEE RULE 1103. 4/28/93 Injected 1161 BWPD on vacuum 	etails, and give pertinent dates, inclu	ding estimated date of starting any proposed
I hereby certify that the information above is true and complete to the best of my knowl	ledge and belief.	. · . ·
SIGNATURE J. K. KIPLLY	me T.A.	DATE 4/28/93
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)		1,84 C3 1993
APPROVED BY	me	DATE