

Submit 3 Copies
to Appropriate
District Office

1

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 Od, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

<p style="text-align: center;">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.)</p>		<p>API NO. (assigned by OCD on New Wells) 30-025-25878</p>
<p>1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR <input type="checkbox"/></p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator CHEVRON U.S.A. INC.</p>		<p>6. State Oil & Gas Lease No. N/A</p>
<p>3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</p>		<p>7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT</p>
<p>4. Well Location Unit Letter J : 2310 Feet From The SOUTH Line and 1880 Feet From The WEST Line Section 18 Township 22S Range 37E NMPM LEA County</p>		<p>8. Well No. 233</p>
<p>10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3426' GR</p>		<p>9. Pool name or Wildcat ARROWHEAD/GB</p>

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER: ADD PERFS & ACDZ <input checked="" type="checkbox"/></p>		<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/></p> <p>CASING TEST AND CMT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	
--	--	--	--

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.

WE PROPOSE TO:
MIRU, ND WH. NU BOP. RUN GR-CCL LOG F/4000-3400'. PERF 3802-383C, 32 HOLES, 2 JHPF
ACDZ W/6 BBLs 15% HHCL. SWAB BACK LOAD. PERF 3696-3784, 82 HOLES, 2 JHPF.
ACDZ NEW PERFS 3696-3784 & OLD PERFS 3602-3684 W/12 BBLs 15% HCL. SWAB BACK LOAD
RIH W/TBG, NU WH. 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: 9/28/93

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

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DATE SEP 30 1993
CONDITIONS OF APPROVAL, IF ANY: DISTRICT I SUPERVISOR

RECEIVED

SEP 23 1993
JED HOBBS
OFFICE

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

API NO. (assigned by OCD on New Wells) 30-025-25878 ✓
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. 233
9. Pool name or Wildcat ARROWHEAD/GB
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3426' 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 INJECTOR

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

3. Address of Operator (915) 687-7436
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location
Unit Letter J : 2310 Feet From The SOUTH Line and 1880 Feet From The WEST Line
Section 18 Township 22S Range 37E 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <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: CONVERT TO WTR INJ <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
CHANGE PLANS <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.

WE PROPOSE TO:
MIRU, ND WH. NU BOP. TST CSG ABOVE 3586 TO 500 PSI F/30 MINS. REPAIR CSG LEAK IF NEEDED SWB TST PERFS 3684-3602. DRL OUT CIBP @ 3770 & PUSH TO TOP OF CIBP @ 6450'. SPOT P&A MUD F/6450-3860'. RIH W& SET RBP @ 3870 & PKR @ 3830 ESTAB INJ RATE INTO PERFS 3844-60'. SET CICR @ 3830, CMT SQZ PERFS 3844-60, STING OUT OF RTNR & DUMP CMT ON TOP OF CICR. CLEAN OUT TO NEW PBD @ 3820'. RUN GR-CCL LOG F/3820-3400, PERF 2 JHPF, 3696-37992, TTL 88 HOLES. ACDZ NEW & OLD PERFS W/2 BBLs 15% NEFE HCL PERF TOOL SETTING. SWAB BACK LOAD. RIH W/INJ PKR, & 2-3/8 DUOLINE INJ TBG, ' SET PKR @ 3560'. CIRC PKR FLUID, ND BOP, NU WH, TST ANNULUS TO 300 PSI F/30 MINS. 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 ASSITANT DATE: 3/9/93

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

APPROVED BY [Signature] TITLE [Signature] DATE MAR 11 1993

CONDITIONS OF APPROVAL, IF ANY:

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

API NO. (assigned by OCD on New Wells) 30-025-25878	
6. 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. 233	
9. Pool name or Wildcat ARROWHEAD/GB	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3423' GE	

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 Well:
OIL WELL GAS WELL OTHER INJECTOR

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

3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

4. Well Location
Unit Letter K : 2310 Feet From The SOUTH Line and 1880 Feet From The WEST Line
Section 18 Township 22S Range 37E NMPM LEA County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)
3423' GE

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
OTHER: <u>LOG AND ACIDZ</u> <input checked="" type="checkbox"/>	OTHER: <u>-</u> <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.

IT IS PROPOSED TO:
LOG WELL AND ACIDIZE AS NEEDED.
CONVERT TO INJECTION.
WELL FORMER NAME: STATE PA # 4

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE P.R. Matthews TITLE TECH. ASSISTANT DATE: 6-26-92
TYPE OR PRINT NAME P.R. MATTHEWS TELEPHONE NO. (915)687-7812

APPROVED BY _____ TITLE _____ DATE JUL 01 '92
CONDITIONS OF APPROVAL, IF ANY: