

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

DISTRICT I  
P.O. Box 1980, Hobbs NM 88241-1980  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-24021
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
ARROWHEAD GRAYBURG UNIT	
8. Well No.	146
9. Pool name or Wildcat	ARROWHEAD; GRAYBURG

**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 INJECTION

2. Name of Operator  
Chevron U.S.A. Inc.

3. Address of Operator  
P.O. Box 1150, Midland, TX 79702

4. Well Location  
Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line  
Section 1 Township 22S Range 36E NMPM LEA County

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

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK  PLUG AND ABANDON   
 TEMPORARILY ABANDON  CHANGE PLANS   
 PULL OR ALTER CASING   
 OTHER: SQZ CSG LEAK & PERFS

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
 CASING TEST AND CEMENT JOB   
 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.

POH W/INJ EQPT. LOCATE CSG LEAK. SET RBP BELOW CSG LEAK, DUMP 2 SX SAND ON RBP. SET CICR ABOVE CSG LEAK. SQZ CSG LEAK. DO CICR & CMT. TST SQZ 500 PSI. PB W/SAND TO 3681'. SET CICR @ 3610'. CMT SQZ W/150 SX CMT. DO CICR & CMT. TST SQZ 500 PSI. CO CMT & SD TO 3860'. RIH W/INJ EQPT, PKR @ 3591'. PERFORM MIT. RETURN WELL TO INJECTION.

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

SIGNATURE J.K. Ripley TITLE TECHNICAL ASSISTANT DATE 12/11/97  
TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY  
CHERYL WINK  
FIELD REP. II

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 18 1997

CONDITIONS OF APPROVAL, IF ANY: