Submit 3 copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

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WELL API NO.

DISTRICT II		P.O. Box 2088		30-025-	-08888	
<u>DISTRICT II</u> P.O. Box Drawer DD, Artesi	ia, NM 88210	Santa Fe, New Mexico	87504-2088	5. Indicate Type of Lease	STATE 🗸	FEE _
DISTRICT III				6. State Oil / Gas Lease No	,	
1000 Rio Brazos Rd., Azteo	, NM 87410			o. Clare on Cas Esaso No		
S (DO NOT USE THIS FO DIFFE	7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT					
Type of Well: OIL WELL	GAS WELL	OTHER INJECTION				
2. Name of Operator	CHEVRON USA INC			8. Well No. 185		
3. Address of Operator	15 SMITH ROAD, MI	DLAND, TX 79705		9. Pool Name or Wildcat ARROWHEA	AD GRAYBURG	
4. Well Location						
Unit Letter	A : 660'	Feet From The NORT	H Line and 660'	Feet From The <u>EAST</u>	Line	
Section 12	Towns	hip 22-S Ra	ange 36-E N	ІМРМ	LEA COUNTY	
in project in the second of th	10. El	evation (Show whether DF, RKB, I	RT,GR, etc.) 3460' GL	-		
11.	Check Appropri	ate Box to Indicate Natu	ure of Notice, Repor	rt, or Other Data		
NOTICE OF	INTENTION TO	: _	S	SUBSEQUENT REP	ORT OF:	

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPERA	ATION	PLUG AND ABANDONMENT	
PULL OR ALTER CASING				CASING TEST AND CEMENT.	JOB 🗌		
OTHER:			🗆	OTHER:	REPAIR (CASING LEAK	✓

5-29-03: MIRU. REL PKR. PU RBP & SET @ 3560'.

5-30-03: SET PKR @ 30'. ATTEMPT TO TEST CSG. TIH W/PKR & SET @ 750'. TEST CSG TO 500 PSI-OK. TIH W/RBP & SET @ 318'. DUMP 2 SX SAND DN CSG.

6-09-03: TAG SAND @ 310'. TEST CSG TO 450 PSI. WASH SAND LATCH ONTO RBP @ 318'. LD RBP. TIH W/PKR & WS TO 574'. UNSET PKR. TEST CSG FR 0' TO 3560'.

6-10-03: TAG RBP @ 3560.

6-11-03: TIH W/2 3/8" TBG . SET PKR @ 3585.

6-12-03: TEST CSG & RAN CSG MIT @ 400 PSI FOR 35 MIN. GOOD TEST. NO PRESSURE LOST. NU INJ LINE. RIG DOWN.

TURN WELL OVER TO PRODUCTION TO PLACE ON INJECTION.

FINAL REPORT

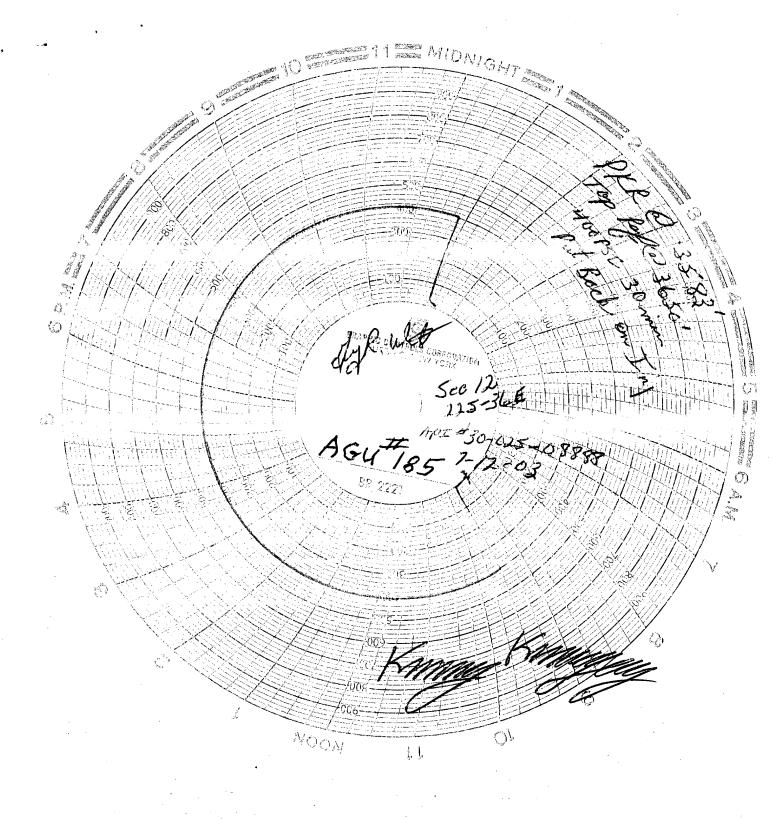


	e is true and complete to the best of my knowledge	and belief.		
SIGNATURE	use / Varkes	TITLE Regulatory Specialist	DATE 6/	16/2003
)				
TYPE OR PRINT NAME	Denise Leake	NAGEN	Telephone No.	915-687-7375

OC FIELD REPRESENTATIVE II/STAFF MAN

JUN 25 2003 DATE

^{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.



WELL DATA SHEET

FIELD: Arrowhead

WELL NAME: AGU No. 185 WIC

FORMATION: Grayburg

LOC: 660' FNL & 660' FEL TOWNSHIP: 22-S

FILE: WBS185.XLS TDS: 8-11-98 SEC: 12 COUNTY: Lea STATE: NM

TD @ 3860'

GL: 3460' KB to GL: 6.5' DF to GL: 5.0' CURRENT STATUS: Injector API NO: 30-025-08888 CHEVNO: FA9940

