

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well

☐ Gas Well

☐ Other

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address and Telephone No.

P.O. Box 1150 MIDLAND, TX 79702 (915) 687-7812

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 1, T 22S, R 36E

1980 FNL & 660 FWL

5. Lease Designation and Serial No.

NM-62665

6. If Indian, Allottee or Tribe Name

N/A

7. If Unit or CA, Agreement Designation

ARROWHEAD GRAYBURG UNIT

8. Well Name and No.

ARROW 158

9. API Well No.

30-025-08721

10. Field and Pool, or Exploratory Area

ARROWHEAD/GB

11. County or Parish, State

LEA CO. New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other DEEPEN, Perf, ACDZ

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

MIRU, POOH w/PROD. EQUIP  
TST/CSG TO 500 PSI-OK

DEEPEN TO 3892'

LOG Hole: GR-CNL-DSN-CAL-DLL

SWB/TST ZONES 1-5

DEEPEN 30' TO 3917'

PERF 3684'-3700 w/4" GUNS, 16 HOLES

ACDZ OH w/1000 GALS 15% NEFE

SWB/TST GRAYBURG ZONES 1-5

THH w/TBG AND ROOS

TST FOR 2 MONTHS BEFORE CONVERTING TO INJECTOR.

WORK STARTED 10/17/91 WORK ENDED 10/23/91

14. I hereby certify that the foregoing is true and correct

Signed P.R. Matthews

Title TECHNICAL ASSISTANT

Date 10-24-91

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date