

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <b>NM-62665</b>
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>	6. If Indian, Allottee or Tribe Name <b>N/A</b>
3. Address and Telephone No. <b>P.O. Box 1150 Midland, TX 79702 (915) 687-7812</b>	7. If Unit or CA, Agreement Designation <b>ARROWHEAD GRAYBURG UNIT</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>Sec 1, T 22S, R 36E</b> <b>1980 FSL ; 1980 FEL</b>	8. Well Name and No. <b>AGG # 166</b>
	9. API Well No. <b>30-025-08724</b>
	10. Field and Pool, or Exploratory Area <b>ARROWHEAD / GB</b>
	11. County or Parish, State <b>LEA CO. New Mexico</b>

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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 TEST/CSG TO 500 PSI-OK CLEANOUT  
Fill TO TD (3853) DRILL New FORMATION 3853-3893.  
LOG Hole: DSN-GR-CCL  
ACDZ W/ 1000 GALS 15% NEFe.  
SWB/TST ZONES 1-4 (3682-3865)  
Penrose 3648-3669, W/2 JHPF, 180 DEG PHSD, 18 Holes.  
ACDZ W/ 200 GALS of 15% NEFe. SWB/TST  
TIH W/ PROD. EQUIP.  
RDMD RETURN TO PRODUCTION.  
WORK STARTED 11-9-91 ENDED 11-19-91

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

Signed Rory Matthews

Title TECHNICAL ASSISTANT

Date 11-20-91

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date \_\_\_\_\_