

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660' FSL & 1980' FEL,
Sec. 1, T22S, R36E

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.

179

9. API Well No.

30-025-08726

10. Field and Pool, or Exploratory Area

Arrowhead Grayburg

11. County or Parish, State

Lea, NM

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 Convert to Injection

- ☐ 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.)*

POH with production equipment. Killed well with 10# brine water. TIH w/2-3/8" tubing and injection packer to 3632'; tested 500# 30 min. - ok.

Work performed 12/11 - 12/15/91

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

Signed J. K. Ripling Title Technical Assistant

Date 3/19/92

(This space for Federal or State/office use)

Approved by _____
Conditions of approval, if any: _____

Date

MAR 26 1992

FOR RECORD ONLY

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

ATTN: Bonnie @ OCD

CHEVRON U.S.A. INC.
DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

TUBING SIZE 2 3/8"
PKR. SETTING DEPTH 3632'
PERFS TOP & BOTTOM 3674'
3886'

1. LEASE NAME: AGU
2. WELL NO: 179 WIC
3. LOCATION: UNIT SEC 1 T 22S R 36E
4. COUNTY: LEA
5. REASON FOR TEST: ☒ INITIAL TEST PRIOR TO INJECTION
☐ AFTER WORKOVER
☐ FIVE YEAR TEST
☐ OTHER (SPECIFY)
6. DATE OF TEST: 12/14/91
7. TEST PRESSURE:

| TIME | TUBING | CASING | SURFACE CASING |
|---------|--------------|----------------|-------------------|
| INITIAL | <u>0 PSI</u> | <u>535 PSI</u> | <u>0 PSI</u> |
| 15 MIN. | <u>0 PSI</u> | <u>535 PSI</u> | <u>0 PSI</u> |
| 30 MIN. | <u>0 PSI</u> | <u>540 PSI</u> | <u>0 PSI</u> |
| | | | |
| | | | |

8. TEST WITNESSED BY OCD: ☐ YES ☒ NO
IF YES, NAME OF OCD REP.
9. OPERATOR COMMENTS ON TEST: GOOD TEST

10. WELL STATUS: ☐ ACTIVE ☐ TEMPORARILY ABANDONED ☒ OTHER (SPECIFY) W/O Hookup
11. CHEVRON REPRESENTATIVE: BARRETT L. SMITH Drilling Rep.
NAME TITLE
Barrett L. Smith
SIGNATURE

