Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

Revised 1-1-39

P.D. BOX 1980, HODDE NIM 88240		VATION DIVISION		WELL API NO. 30-025-08728	
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088				
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lesse No.		
SUNDRY NOT	CES AND REPORTS OF	I WE	10	11111111111111111111111111111111111111	
( DO NOT USE THIS FORM FOR PRO DIFFERENT RESER	PPOSALS TO DRILL OR TO D RVOIR. USE "APPLICATION F	EEPEN OR PE	OR PLUG BACK TO A	7. Lease Name or	Unit Agreement Name
1. Type of Well:	-101) FOR SUCH PROPOSAL	S.)			
OE GAS					
2. Name of Operator	onex Injector			Arrowhead Grayburg Unit	
Chevron U.S.A., Inc.				8. Well No.	
3. Address of Operator				9. Pool name or Wildcat	
P. O. Box 1150, Midland, TX 79702				Arrowhead Grayburg	
Unit Letter K: 198	Feet From The South	1	Line and198	O Feet From	The West Line
Section 1	Township 22S				
			inge 36E DF, RKB, RT, GR, etc.)	NMPM Lea	a <b>County</b>
			,,		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check A	Appropriate Box to Indi	icate l	Vature of Notice, Re	enort or Other	- Data
Check Appropriate Box to Indicate Nature of Notice, Report, or NOTICE OF INTENTION TO:  SUBSEQUE					EPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING		PLUG AND ABANDONMENT
PULL OR ALTER CASING			CASING TEST AND CE	MENT IOP	
OTHER:			1	<del>-</del>	_
			OTHER: Initial	Report of I	njection x
<ol> <li>Describe Proposed or Completed Operat work) SEE RULE 1103.</li> </ol>	ions (Clearly state all pertinent de	tails, an	d give pertinent dates, includ	ding estimated date of	f starting any proposed
3/2/92: Injection rate	after 24 hours of	inj	ection was 1018	BWPD; injec	ction pressure was
0 psi, well is	on vacuum				
I hereby certify that the information above is true	and complete to the best of my knowle	dge and h	helief.		
SKONATURE J.K. Ripley		_ m.	Technical Ass	sistant	DATE3/3/92
TYPE OR PRINT NAME				·	TELEPHONE NO.
(This space for State Use)  Only. Signe Paul Kat Geologis	ıtz				MAR 0 5 '92
APPROVED BY	· · · · · · · · · · · · · · · · · · ·	<u>_ тпг</u>	E		
-					DATE