

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-103  
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells) <b>30-025-08728</b>	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No. <b>N/A</b>	
7. Lease Name or Unit Agreement Name <b>ARROWHEAD GRAYBURG UNIT</b>	
8. Well No. <b>167</b>	
9. Pool name or Wildcat <b>ARROWHEAD/GRAYBURG</b>	

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/> INJECTOR <input type="checkbox"/>	
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>	
3. Address of Operator P.O. <b>BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS</b>	
4. Well Location Unit Letter <b>K</b> : <b>1980</b> Feet From The <b>SOUTH</b> Line and <b>1980</b> Feet From The <b>WEST</b> Line Section <b>1</b> Township <b>22S</b> Range <b>36E</b> NMPM <b>LEA</b> County 10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3501 GR</b>	

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK	<input type="checkbox"/>	PLUG AND ABANDON	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		
OTHER:	<input type="checkbox"/>		

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK	<input type="checkbox"/>	ALTER CASING	<input checked="" type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABAN.	<input type="checkbox"/>
CASING TEST AND CMT JOB	<input checked="" type="checkbox"/>		
OTHER:	<b>DEEPEN, LOG, ACDZ, PERF. Convert to Injection</b> <input checked="" type="checkbox"/>		

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.

MIRU, POOH W/ PROD. EQUIP., SPOT 50 ,SXS. CMT. AT 3504, SPOT 60 SXS. CMT AT 3622.  
SPOT 20 SXS. CMT. AT 3520, PLUG #1 AT 3456-3328, 20 SXS.  
PLUG #2, 2588-2700, 25 SXS. CMT. PULLED 283' OF 6" CSG. OUT OF WELL.  
TIED 7", 23# CSG. INTO 6" CSG., 295'. DRILLED CMT. OUT TO 3773'.  
DRILL NEW FORMATION TO 3880' TD HOLE. LOG HOLE: DSN-SDL-GR-CAL-CCI-DLL.  
UNDERREAM HOLE TO 6 1/2". RUN 4 1/2" CASING, 11.60 #, K-55, SHOE AT 3880.  
PUMPED 350 SXS. CMT., CIRC 100 SXS. WOC 41 HRS. DRLG OUT CMT. 3695-3886.  
TST/CSG. TO 1000 PSI-OK, PERF 3742-3880, 126 HOLES, 2 JHPF, 180 PHSD.  
ACDZ PERFS W/1350 GALS. 15% NEFE. SWB/TST, TIH W/TBG. AND PKR.  
SET PACKER AT 3660. TEST CASING TO 500 PSI-OK.  
CONVERT TO INJECTION.  
WORK BEGAN 8-20-91 WORK ENDED 9-12-91

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE: P.R. Matthews TITLE: TECH. ASSISTANT DATE: 9-13-91  
TYPE OR PRINT NAME: P.R. MATTHEWS TELEPHONE NO.: (915)687-7812

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_



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