

DISTRICT I
P.O. Box 1380, 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)	
30-025-08731	
6. Indicate Type of Lease	
STATE	<input type="checkbox"/>
FEE	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
N/A	
7. Lease Name or Unit Agreement Name	
ARROWHEAD GRAYBURG UNIT	
8. Well No.	
147	
9. Pool name or Wildcat	
ARROWHEAD /GB	

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

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
TEMPORARILY ABANDON	<input type="checkbox"/> CHANGE PLANS
PULL OR ALTER CASING	<input type="checkbox"/>
OTHER:	<input type="checkbox"/>
SUBSEQUENT REPORT OF:	
REMEDIAL WORK	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>
CASING TEST AND CMT JOB	<input type="checkbox"/>
OTHER: SQUEEZE AND ACDZ	<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, TO WITH PROD. EQUIP.

TIH WITH PACKER AND SET AT 3797', SWAB TEST.

TOH, TIH WITH CICR AND SET AT 3380', ESTABLISH INJECTION RATE.

PUMP 150 SXS. OF CEMENT INTO CICR, TOH.

TIH WITH A BIT AND DRILL CEMENT AND CICR TO 3840. CONFIRE CMT. SQZ WITH SWAB TEST.

PERF 3674-3829 WITH 180 DEG. PHSD. ACDZ PERFS W/250 GALS. OF 15% NEFE.

SWAB TEST PERFS AND ACDZ WITH 500 GALS OF 15% NEFE. SWAB BACK ACID.

TOH WITH PACKER AND TIH WITH PRODUCTION EQUIP.

RETURN TO PRODUCTION ON 2-25-92.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE	TITLE
<i>P.R. Matthews</i>	TECH. ASSISTANT
DATE: 3/6/92	
TYPE OR PRINT NAME	
P.R. MATTHEWS	
TELEPHONE NO. (915)687-7812	
APPROVED BY	
CONDITIONS OF APPROVAL, IF ANY:	
DATE	

MAR 09 '92