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to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office

OIL CONSERVATION DIVISION

DISTRICT I

CONDITIONS OF APPROVAL, IF ANY:

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

<u> </u>				,			000				
	D, Hobbs, NM 88240										
DISTRIC'' II 2.0. Drawer Dd, Artesia, NM 88210								API NO. (assigned by OCD on New Wells) 30-025-08731			
DISTRICT III		,									
	: :os Rd., Aztec, Nm 87	410						5. Indicate Type	STATE	FEEX	
								6. State Oil & G	en Leans No.	<u>- </u>	
								N/A	es Leese No.		
		SUNDRY NO	OTICES AN	ID REPORTS	S ON WEL	IS		WA			
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"								7. Lesse Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT			
1. Type of W OIL	Vell:	CAC						1			
WELL	X	GAS	l	D							
		WELL	OTHE	H							
2. Name of O		S A INC						8. Well No.			
CHEVRON U.S.A. INC. 3. Address of Operator								147			
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS								9. Pool name or Wildcat ARROWHEAD /GB			
4. Well Location		12, 1, 1, 1, 0, 0						JANNOWNEX	O /GB		
Unit Letter		<u>B</u> :	66	Feet From The		NORTH	Line and	1980	Feet From The	EAST L	.ine
Section	1			Township	22S		Range	36E	NMPM LE	A c	County
				10. Elevation		r DF, RKB, RT, G	R, etc.)				
					3501 G						
11	NOTICE OF I			o Indecate Nat	ure of Natica						
05050044 054	MEDIAL WORK			 1			UENI KE	PORT OF:		_	
		PLUG AND A		\vdash	REMEDIAL V			4	ALTER CASING		
TEMPORARILY		CHANGE PLA	ANS		ı	DRILLING OPNS	_	_	PLUG AND ABAN.		
PULL OR ALTE			_	(T-1)	CASING TES	T AND CMT JOE	· L	_			
OTHER:	SQUEEZE	WATER OFF	·	[X]	OTHER:						
10.0					<u> </u>						
	Proposed or Complete sate of starting any pr			ent details, and g	ive pertinent d	ates, including					
	- /.	,									
	CHEVRON P	ROPOSES TO	·								
			•								
	CEMENT SQ	HEEZE A LUC	LI WAYED	DRODUCINI	C 70NE						
					G ZUNE.						
	MIRU, POOH										
	FIND AND IS										
	RIG UP CEM			OFF WATE	R ZONE.						
	CLEAN OUT	AND TEST S	QUEEZE.								
	TIH WITH PP	RODUCING EC	QUIPMENT	•							
	RIG DOWN A	AND MOVE O	UT.								
	RETURN TO	PRODUCTION	٧.								
hereby certify	that the information	spove is true and co	implete to the b	est of my knowled	dge and belief			 			
SIGNITURE:	1.1	Malle	<u> </u>	TITLE		SSISTANT		DATE:	1-21-92		
TYPE OR PRIN	TNASSE	P.R. MAT	THEIME			**************************************				4.0	
I I FE ON PHIN	LNAME	F.R. WAT	IUEM2		****		····	TELEPHONE NO.	(915)687-78	12	*********
	ORIGINAL S	with 7 :	-75 5 5557	244					JAN 2;	ממי ל	
APPROVEE) BY	DISTA		2000 <u> </u>	TITLE				DATE	UNIT & (J 32	