

to Appropriate

District Office

State of New Mexico  
Energy, Minerals and Natural Resources DepartmentForm C-103  
Revised 1-1-89

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## 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)  | 30-025-08738            |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |                         |
| 6. State Oil & Gas Lease No.  | N/A                     |
| 7. Lease Name or Unit Agreement Name  | ARROWHEAD GRAYBURG UNIT |
| 8. Well No.   | 151                     |
| 9. Pool name or Wildcat   | ARROWHEAD/GB            |

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| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)             |  |
| 1. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  |  |
| 2. Name of Operator<br>CHEVRON U.S.A. INC.   |  |
| 3. Address of Operator<br>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE  |  |
| 4. Well Location<br>Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line<br>Section <u>2</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>LEA</u> County |  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3557' GL   |  |

|  |   |
|--|---|
| 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data   |   |
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/><br>OTHER: <u>DEEPEN (SAME ZONE), LOG</u> <input checked="" type="checkbox"/> | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/><br>CASING TEST AND CMT JOB <input type="checkbox"/><br>OTHER: <input type="checkbox"/> |
| ACDZ, SQZ OFF WTR  |   |

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.

## WE PROPOSE TO:

ND WH, NU BOP, C/O TO TD @ 3847', DEEPEN 118' TO 3965, CIRC, RUN COMPUTALOG PULSED NEUTRON-GR-CCL LOG. ACDZ W/2520 GALS 15% NEFE HCL. SWAB BACK LOAD. CMT SQZ PERFS 3756-3810. DRL OUT CMT TO 3810. C/O TO TO @ 3965', CIRC.

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 10/25/93TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT I SUPERVISOR DATE OCT 27 1993

CONDITIONS OF APPROVAL, IF ANY: