

Submit 3 Copies
to Appropriate
District Office

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State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION

Form C-103
Revised 1-1-89

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

SUNDRY NOTICES AND REPORTS ON WELLS (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.)		API NO. (assigned by OCD on New Wells) 30-025-08741
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON U.S.A. INC.		6. State Oil & Gas Lease No. N/A
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE (915) 687-7436		7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT
4. Well Location Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line Section 2 Township 22S Range 36E NMPM LEA County		8. Well No. 150
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3555' GR		9. Pool name or Wildcat ARROWHEAD/GB

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐
CASING TEST AND CMT JOB ☐
OTHER: **DEEPEN & CONVERT TO** ☒
WATER INJECTOR

R-9483

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.

WORK PERFORMED 3-1-93 THRU 3-4-93
MIRU, ND WH, NU BOP. DRILL OUT & CIRC TO 3900'.
RUN GR/CCL LOG, PERF 3812-3690, 2 JHPF, TTL 82 HOLES.
ACDZ PERFS W/2100 GAL 15% NEFE HCL. SWAB. CLEAN OUT TO 3910'.
RUN NICKLE PLATED LOKSET PKR & INJ TBG, PMP PKR FLUID, ND BOM, NU INJ HEAD
PRES TST PKR & CSG TO 300 PSI F/30 MIN. TST TBG TO 1000 PSI.
PLACE WELL ON INJECTION. FINAL REPORT

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:

3/9/93

TYPE OR PRINT NAME

NITA RICE

TELEPHONE NO. (915) 687-7436

ORIGINAL SENT BY DIST. OFFICE

APPROVED BY

[Signature]

TITLE

DATE

10/2/93

CONDITIONS OF APPROVAL, IF ANY:

CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: AGU 1
2. WELL NO: 150 wic
3. LOCATION: UNIT A SEC 2 T 22-S R 36-E
4. COUNTY: Lea
5. REASON FOR TEST: ☒ INITIAL TEST PRIOR TO INJECTION
☐ AFTER WORKOVER
☐ FIVE YEAR TEST
☐ OTHER (SPECIFY) _____
6. DATE OF TEST: 3-4-93
7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	<u>0</u>	<u>320</u>	<u>0</u>
15 MIN.	<u>0</u>	<u>330</u>	<u>0</u>
30 MIN.	<u>0</u>	<u>340</u>	<u>0</u>
_____	_____	_____	_____
_____	_____	_____	_____
8. TEST WITNESSED BY OCD: ☐ YES ☒ NO
 IF YES, NAME OF OCD REP. _____
9. OPERATOR COMMENTS ON TEST: Circ PKR fluid Engage out off
Tool NU wellhead open thg & surf Press Test 5 1/2."
10. WELL STATUS: Set packer @ 3649'
☒ ACTIVE ☐ TEMPORARILY ABANDONED ☐ OTHER (SPECIFY) _____
11. CHEVRON REPRESENTATIVE: Bobby E Cone Workover Rep.
 NAME TITLE
Bobby E Cone
 SIGNATURE

