

Submit 3 Copies
to Appropriate
District Office

2

State of New Mexico
Energy, Minerals and Natural Resources Department

Form 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) | 30-025-08742 |
| 5. Indicate Type of Lease 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. | 176 |
| 9. Pool name or Wildcat | ARROWHEAD/GB |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.) | 3503' GR |

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.)

| | |
|--|---|
| 1. Type of Well: OIL <input checked="" type="checkbox"/> GAS WELL <input 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: NITA RICE | 4. Well Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line 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.) 3503' GR | |

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

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 12/13/93 THRU 12/17/93
MIRU, ND WH, NU BOP, DEEPEN TO 3935', RUN PULSED NEUTRON DECA LOG.
ACDZ W/2520 GALS 25% NEFE HCL & 1000# ROCK SALT, FLUSH, SWAB.
RUN RODS & PMP, ND BOP, NU WH. TURN OVER TO PROD. FINAL REPORT.
PRODUCTION BEFORE WORKOVER = 16 BO, 294 BW, 11 MCF GPD
AFTER WORKOVER = 3 BO, 434 BW, 3 MCF PD

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: 1/12/94

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DATE JAN 13 1994
DISTRICT I SUPERVISOR
CONDITIONS OF APPROVAL, IF ANY: