

Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

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 ☒FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

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

GAS

WELL ☒WELL ☐

OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

176

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

9. Pool name or Wildcat

ARROWHEAD/GB

4. Well Location

Unit Letter

P

660

Feet From The

SOUTH

Line and

660

Feet From The

EAST

Line

Section

2

Township

22S

Range

36E

NMPM

LEA

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

OTHER:

DEEPEN (SAME ZONE), ADD ☒

PERFS, ACDZ.

SUBSEQUENT REPORT OF:REMEDIAL WORK ☐ALTER CASING ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABAN. ☐CASING TEST AND CMT JOB ☐OTHER: ☐

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 @ 3816', DEEPEN 119' TO 3935, CIRC, RUN COMPUTALOG PULSED
NEUTRON-GR-CCL LOG. ACDZ W/2520 GALS 15% NEFE HCL. SWAB BACK LOAD.
PLACE WELL ON PRODUCTION

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:

10/25/93

TYPE OR PRINT NAME

NITA RICE

TELEPHONE NO. (915)687-7436

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY

DISTRICT I SUPERVISOR

DATE

OCT 27 1993

CONDITIONS OF APPROVAL, IF ANY: