Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I 1625 N. French Dr., Hobbs, NM 87240 WELL API NO. District II 30-025-08743 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 10€5 Rio Brazos Rd., Aztec, NM 87410 STATE **x** Santa Fe, NM 87505 FEE District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: ARROWHEAD GRAYBURG UNIT Oil Well Gas Well Other INJECTOR 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 152 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150 Midland, TX 79702 ARROWHEAD; GRAYBURG 4. Well Location Unit Letter \_\_\_\_ C : 660 feet from the line and 1980 feet from the WEST Section Township 225 Range 36E **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3562' 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  $\left[ \mathbf{x} \right]$ ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** PULL OR ALTER CASING **MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. POH W/TBG & PKR. ISOLATED CSG LEAK 667'-791'. CMTD CSG ANN W/268 SX CMT @ 2 BPM-300#; CIRC TO SURF. TAGGED CMT @ 562'; DO CMT TO 765'. WASHED TO 814', CIRC CLEAN. SET CIBP @ 3674', TSTD 310# 15 MIN - GOOD. RAN MIT. LEFT WELL SI; WILL BE P&A'D. WORK PERFORMED 1/27/00 - 2/14/00

I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE. \_DATE \_\_ 8/16/00 Type or print name J. K. RIPLEY Telephone No. (915)687-7148 (This space for State use) APPROVED BY TITLE DATE Conditions of approval, if any:

