

to 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 1880, 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) 30-025-08743 ✓	
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. 152	
9. Pool name or Wildcat ARROWHEAD/GB	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3562' 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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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>C</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>WEST</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.) 3562' GR	

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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, ADD PERFS, ACDZ, CONVERT TO ☒
INJECTOR

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 3-4 THRU 3-15-93

ND WH, NU BOP, DRL & REAM TO 4045, CIRC. RUN GAMMA RAY LOG 3900-3500.

PERF 3827-3831, 2 JHPF, 10 HOLES, ACDZ W/2100 GALS 15% NEFE HCL & 1000# ROCK SALT.

SWB. SET RBP @ 2000', CIRC, PRES CSG TO 320 PSI, OK. RIH & SET NICKEL PLATED

LOKSET PKR @ 3778', REL ON/OFF TOOL, CIRC PKR FLUID. ND BOP. NU INJ HEAD, TST

CSG & PKR TO 300 F/30 MINUTES, OK. 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: 3/19/93

TYPE OR PRINT NAME NITA RICE

TELEPHONE NO. (915)687-7436

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE

DATE MAR 23 1993

CONDITIONS OF APPROVAL, IF ANY:

CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: AGU
2. WELL NO: 152wic
3. LOCATION: UNIT C SEC 2 T 22-S R 36E
4. COUNTY: Lea
5. REASON FOR TEST: ☒ INITIAL TEST PRIOR TO INJECTION
☐ AFTER WORKOVER
☐ FIVE YEAR TEST
☐ OTHER (SPECIFY) _____
6. DATE OF TEST: 3-15-92
7. TEST PRESSURE:

	TIME	TUBING	CASING	SURFACE CASING
INITIAL	<u>0</u>	<u>320</u>	<u>0</u>	<u>0</u>
15 MIN.	<u>0</u>	<u>320</u>	<u>0</u>	<u>0</u>
30 MIN.	<u>0</u>	<u>315</u>	<u>0</u>	<u>0</u>
8. TEST WITNESSED BY OCD: ☐ YES ☒ NO
 IF YES, NAME OF OCD REP. _____
9. OPERATOR COMMENTS ON TEST: Set PKR. @ 3778
Circ PKR fluid Press to 320 psi w/ chart
10. WELL STATUS: ☒ ACTIVE ☐ TEMPORARILY ABANDONED ☐ OTHER (SPECIFY) _____
11. CHEVRON REPRESENTATIVE: B.E. Cone workover Rep
 NAME TITLE
Bobby E Cone
 SIGNATURE

RECEIVED

MAR 24 1993

OLD HOBBS CITY

