

Submit 3 Copies
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 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) 30-025-08743
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <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		7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT
4. Well Location Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 2 Township 22S Range 36E NMPM LEA County		8. Well No. 152
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3562' GR		9. Pool name or Wildcat ARROWHEAD/GB
11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: DEEPEN, ADD PERFS, ACDZ <input checked="" type="checkbox"/> CONVERT TO INJECTION		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/> CASING TEST AND CMT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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, TST CSG TO 500 PSI FOR 30 MIN. REPAIR CSG LEAK IF NECESSARY.
DEEPEN WELL 130' TO 4045'. CIRC. LOAD HOLE W/10 PPG BRINE WTR. RUN COMPUTALOG
PULSED NEUTRON-GR-CCL LOG. (PERFS MAY BE ADDED) ACDZ W/2100 GALS 15%
NEFE HCL. SWAB BACK LOAD. CLEAN OUT TO PBTD, CIRC CLEAN. RUN 2-3/8 PLASTIC
COATED INJECTION PKR & DUOLINE INJECTION TBG. TEST ANNULUS TO 300 PSI
F/30 MINUTS. PLACE WELL ON INJECTION

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: 2/18/93

TYPE OR PRINT NAME NITA RICE

TELEPHONE NO. (915)687-7436

APPROVED BY

ORIGINAL SIGNED BY JERRY SEXTON

TITLE

DATE

FEB 22 1993

CONDITIONS OF APPROVAL, IF ANY: