

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO. <b>30-025-08745</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name:  <b>ARROWHEAD GRAYBURG UNIT</b>
8. Well No. <b>175</b>
9. Pool name or Wildcat <b>ARROWHEAD; GRAYBURG-SAN ANDRES</b>
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(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:  
Oil Well ☐ Gas Well ☐ Other **INJECTOR**

2. Name of Operator

**Chevron U.S.A. Inc.**

3. Address of Operator

**P.O. Box 1150 Midland, TX 79702**

4. Well Location

Unit Letter **O** : **660** feet from the **SOUTH** line and **1980** feet from the **EAST** line

Section **2** Township **22S** Range **36E** NMPM County **LEA**

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 ☐ MULTIPLE COMPLETION ☐

OTHER: **REPAIR CSG LEAK**

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SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**POH W/INJ EQPT. CO TO TD. LOCATE CSG LEAK. CMT SQZ W/150 SX CMT. DO CMT TO 10' ABOVE BIT OF CMT. PRESS TST CMT SQZ TO 300 PSI. CO CMT & CO TO TD. RIH W/INJ EQPT. RETURN WELL TO INJECTION.**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE **J. K. Ripley** TITLE **REGULATORY O.A.** DATE **2/6/01**

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: