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to Appropriate
District Office

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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) 30-025-08745																				
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR <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 O : 660 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 2 Township 22S Range 36E NMPM LEA County		8. Well No. 175																				
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3525' GL		9. Pool name or Wildcat ARROWHEAD/GB																				
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data																						
<table border="0"><tr><td colspan="2">NOTICE OF INTENTION TO:</td><td colspan="2">SUBSEQUENT REPORT OF:</td></tr><tr><td>PERFORM REMEDIAL WORK <input type="checkbox"/></td><td>PLUG AND ABANDON <input type="checkbox"/></td><td>REMEDIAL WORK <input type="checkbox"/></td><td>ALTER CASING <input type="checkbox"/></td></tr><tr><td>TEMPORARILY ABANDON <input type="checkbox"/></td><td>CHANGE PLANS <input type="checkbox"/></td><td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td><td>PLUG AND ABAN. <input type="checkbox"/></td></tr><tr><td>PULL OR ALTER CASING <input type="checkbox"/></td><td></td><td>CASING TEST AND CMT JOB <input type="checkbox"/></td><td></td></tr><tr><td>OTHER: DEEPEN, ACDZ, <input checked="" type="checkbox"/></td><td></td><td>OTHER: <input type="checkbox"/></td><td></td></tr></table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>	TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CMT JOB <input type="checkbox"/>		OTHER: DEEPEN , ACDZ , <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	
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OTHER: DEEPEN , ACDZ , <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>																				
& CONVERT TO WTR INJ																						

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:

MIRU, POH & LD RODS & PMP. ND WH. NU BOP. POH & LD PROD TBG. REPAIR CSG LEAK IF NECESSARY. DEEPEN WELL 104' F/3872 TO 3976', CIRC. RIH & SET PKR @ 3690, LOAD CSG, ACDZ W/2100 GALS 15% NEFE HCL. SWB BACK LOAD. RUN PLASTIC COATED PACKER ON FG LINED INJ TBG, SET PKR AT 3690', CIRC PKR FLUID. ND BOP. NU WH. TST ANNULUS TO 300 PSI F/30 MINS. PLACE WELL ON INJECTION, (WELL FORMERLY CONOCO STATE "J-2" #6 WELL)

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSITANT DATE: 4/5/93

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY Orig. Signed by Paul Kautz Geologist TITLE Geologist DATE APR 07 1993

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 06 1993

ODD HORRS OFFICE