

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-08748
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 ARROWHEAD GRAYBURG UNIT
8. Well No. 156
9. Pool name or Wildcat ARROWHEAD; GRAYBURG
10. Elevation (Show whether DF, 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> 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 G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 2 Township 22S Range 36E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: REPAIRED LEAKS ☒

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.

POH W/INJ EQPT. LOCATED LEAKS. REPLACED PKR & SN. REPLACED ONE COLLAR. ISOLATED AND CHECKED SURF VALVES - NO LEAKS. CHANGED RAMS IN BOP. REPLACED RINGS ON DUOLINED TBG. CIRC PKR FLUID. RIH W/PKR TO 3646'. RAN MIT. RETURNED WELL TO INJECTION.

WORK PERFORMED 1/15/98 - 1/20/98

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

SIGNATURE: J. K. Ripley TITLE: TECHNICAL ASSISTANT DATE: 3/30/98
TYPE OR PRINT NAME: J. K. RIPLEY TELEPHONE NO.: (915)687-7148

(This space for State Use)

ORIGINAL SIGNED BY
GARY WALK
FIELD REP

APPROVED BY: _____ TITLE: _____ DATE: _____
CONDITIONS OF APPROVAL, IF ANY:

