

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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) <b>30-025-08748</b>	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injector</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>		6. State Oil & Gas Lease No. <b>N/A</b>	
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>		7. Lease Name or Unit Agreement Name <b>ARROWHEAD GRAYBURG UNIT</b>	
4. Well Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>2</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>LEA</u> County		8. Well No. <b>156</b>	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3549' GE</b>		9. Pool name or Wildcat <b>ARROWHEAD /GB</b>	
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <input type="checkbox"/>		OTHER: <u>CONVERT TO WATER INJECTOR</u> <input checked="" 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.

WORK PERFORMED 9-16 THRU 9-18-93. MIRU, NU BOPE  
RUN 5-1/3 X 2-3/8 PLASTIC COATED INJECTION PACKER, 2-3/8 LINED  
INJECTION TUBING. SET PACKER @ 3659', CIRCULATE PACKER FLUID,  
ND BOP, NU WELLHEAD, TEST ANNULUS TO 300 PSI FOR 30 MINUTES,  
OK'D BY OCD REP CHARLIE PERRIN.  
PLACE WELL ON WATER 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: 3/22/93

TYPE OR PRINT NAME NITA RICE

TELEPHONE NO. (915)687-7436

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE SECT. SUPERVISOR  
CONDITIONS OF APPROVAL, IF ANY:

DATE MAR 24 1993

RECEIVED  
MAR 2 4 1993  
OCD MORRIS