Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office	OIL C	ONSER\	/ATION	DIVISION	1				
			3ox 2088						
DISTRICT I	S	anta Fe, N	ew Mexic	o 87504-208	38				
P.O. Box 1980, Hobbs, NM 8824	0				-				
DISTRICT II						API NO. (assigned by OCD on New Wells) 30-025-08748			
P.O. Drawer Dd, Artesia, NM 88210						5. Indicate Type of Lease			
DISTRICT III 1000 Rio Brazos Rd., Aztec, Nm 87410						STATE X FEE			
							il & Gas Lease No.		
						N/A			
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"						7. Leads realise of Orac Agreement realise			
(FORM C-101) FOR SUCH PROPOSALS.)						ARROWHEAD GRAYBURG UNIT			
1. Type of Well:	, , , , , , , , , , , , , , , , , , , ,								
OIL	GAS	0	. <i>i</i> -						
WELL OTHER Injector									
2. Name of Operator						8. Well No. 156			
CHEVRON U.S.A. INC.						9. Pool name or Wildcat			
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE						ARROWHEAD /GB			
4. Well Location						10	80 Feet From The	EAS	T Line
Unit Letter	G : 1 .9		The 22S	NORTH Line	and .	36E	NMPM	LEA	County
Section 2		Township		her DF, RKB, RT, GF	-				
			3549' (
11	Check Appropriate	Box to Indecat	e Nature of	Notice, Report, o	r Othe	r Data			
NOTICE OF	INTENTION TO:			SUBSEQUE	NTR	EPORT (
PERFORM REMEDIAL WORK	PLUG AND ASANDO	· 🔲	REMEDIAL V	WORK			ALTER CASING		H
TEMPORARILY ABANDON	CHANGE PLANS		COMMENC	E DRILLING OPNS.			PLUG AND ABAN	i.	
PULL OR ALTER CASING			CASING TE	ST AND CMT JOB	_ [_]				_
OTHER: CONVERT TO W						ATER INJ			X
							R-9483		
12. Describe Proposed or Compositions any	pleted Operations(Clearly st r proposed work) SEF RULE	ste all pertinent d 1103.	etails, and give	pertinent dates, incli	luding				
esticated date or starting any	proposed work, ozz.								
CHEVRON F	PROPOSES TO: MI	RU, NU BO	PE						
	X 2-3/8 PLASTIC			PACKER, 2-3	/8 LI	NED			
	TUBING. SET PAG								
ND BOP NI	J WELLHEAD, TES	ST ANNULU	IS TO 300	PSI FOR 30	MINU	JTES,			
	L ON WATER INJ								
1275 3									
I hereby certify that the informat	ion above 18 true and comp	lete to the best o	f my knowledg	e and belief.					
SIGNITURE LTA	Kee	TITLE	TECHN	ICAL ASSIST	<u>AN</u> T	DATE:	2/1/93		
TYPE OR PRINT NAME	NITA RICE					TELEPHONE	ENO. (915)687-	7436	
							FFI	2 0 0	1002
	· 逐載的媒体 · · · · · · · · · · · · · · · · · · ·	TITLE				DATE	rt!	3 03	コンシ
THE PROPERTY OF THE PARTY OF TH									

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

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