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## State of New Mexico

Form	C-1	103
Revie	<b>d</b> 1	-1-89

to Appropriate District Office	Energy, Minerals and Natural F	desources Department		Revised 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	O. Box 1980, Hobbs, NM 88240 OIL CURSER VAIUN DIVISIO			
DISTRICT II	P.O. Box 2088 STRICT II D. Drawer DD. Artesia NM 88210 Santa Fe, New Mexico 87504-2088		<b>WELL API NO.</b> 30-025-08872	
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III			5. Indicate Type of Lease STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No	
CUNDOVALOT			N/A	
DIFFERENT RESER	CES AND REPORTS ON WE PPOSALS TO DRILL OR TO DEEPER RVOIR. USE "APPLICATION FOR PE 101) FOR SUCH PROPOSALS.)	OR PILIC BACK TO A	7. Lease Name or Unit Agre	ement Name
1. Type of Well: OR. GAS WELL X WELL	OTHER		Arrowhead Grayl	ourg Unit
2. Name of Operator			8. Well No.	<del></del>
Chevron U.S.A. Inc.  3. Address of Operator			189	
P. O. Box 1150 Midlar  4. Well Location	d, TX 79702		9. Pool name or Wildcat Arrowhead Grayh	ourg
Unit Letter A : 66	O Feet From The North	Line and 660		7
		Line and	Feet From The	East Lin
Section 11	Township 22S Ra  10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	NMPM Lea	County
	<i>[[[[]</i> ]]	•		
11. Check A	Appropriate Box to Indicate	Nature of Notice, Re	port, or Other Data	
NOTICE OF INT	ENTION TO:		SEQUENT REPOR	T OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		G CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING		-
PULL OR ALTER CASING	انا			D ABANDONMENT
OTHER: Change of operator	w/well @ S.I.statud\	CASING TEST AND CE	MENT JOB	-
		OTHER:		L
<ol> <li>Describe Proposed or Completed Operati work) SEE RULE 1103.</li> </ol>	ons (Clearly state all pertinent details, an	d give pertinent dates, includ	ing estimated date of starting an	y proposed
08/28/91: Well status	is shut-in pending Ar	rowhood Crack-	a tradit /	
	to onde in, pending Ar.	cownead Grayburg	unit w/o operati	ons.
I hereby certify that the information above is true a				
$M \longrightarrow A$				
SIGNATURE TO CA	<del>т</del>	Tech. Assistan	t DATE_	08/28/91
TYPE OR PRINT NAME M. D. Hac	mer		TELEPHO	(915) Ne no. <sub>687–7148</sub>
(This space for State Use)				
ATTROVED BY				
CONDITIONS OF AFFROYAL, IF ANY:	mu		DATE	<u> </u>