

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

API NO. (assigned by OCD on New Wells) <b>30-025-08881</b>	
6. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
8. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name <b>ARROWHEAD GRAYBURG UNIT</b>	
8. Well No. <b>194</b>	
9. Pool name or Wildcat <b>ARROWHEAD GRAYBURG UNIT</b>	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>	
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>	
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON</b>	
4. Well Location Unit Letter <b>E</b> : <b>2310</b> Feet From The <b>NORTH</b> Line and <b>330</b> Feet From The <b>WEST</b> Line Section <b>12</b> Township <b>22S</b> Range <b>36E</b> NMPM <b>LEA</b> County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3499'</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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <u>REP CSG, ACDZ</u> <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input 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.

MIRU 1/18/96. ACDZ OH 3690'-3973' W/5000 GALS 15% HCL. TIH W/WATSON CSG PATCH & SET.  
RUN PRESS TEST - OK. RIH W/2 3/8" TBG TO 3590'.  
TURN WELL OVER TO PRODUCTION 1/25/96.

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

SIGNATURE Wendi Kingston TITLE TECH. ASSISTANT DATE: 2/7/96  
TYPE OR PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7826

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE FEB 09 1996  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL  
PRESSURE TEST REPORT  
NEW MEXICO

1. LEASE NAME: A.G.U.
2. WELL NO: 194
3. LOCATION: UNIT \_\_\_\_\_ SEC 12 T 22-S R 36-E
4. COUNTY: LeA.
5. REASON FOR TEST: \_\_\_\_\_ INITIAL TEST PRIOR TO INJECTION  
☒ AFTER WORKOVER  
 \_\_\_\_\_ FIVE YEAR TEST  
 \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

6. DATE OF TEST: 1-25-96

7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	<u>Open</u>	<u>370</u>	<u>Open</u>
15 MIN.	<u>Open</u>	<u>370</u>	<u>Open</u>
30 MIN.	<u>Open</u>	<u>370</u>	<u>Open</u>
_____	_____	_____	_____
_____	_____	_____	_____

8. TEST WITNESSED BY OCD: \_\_\_\_\_ YES ☒ NO  
 IF YES, NAME OF OCD REP. \_\_\_\_\_

9. OPERATOR COMMENTS ON TEST: SCAB LINEY 1699' TO 2103'

10. WELL STATUS:

☒ ACTIVE \_\_\_\_\_ TEMPORARILY ABANDONED \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

11. CHEVRON REPRESENTATIVE: B.E. Cone WO Rep  
 NAME TITLE

Bobby E. Cone  
 SIGNATURE

