

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)
30-025-08881
6. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
8. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT
8. Well No. 194
9. Pool name or Wildcat ARROWHEAD/ GB

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 ATTN: P.R. MATTHEWS	
4. Well Location Unit Letter <u>E</u> : <u>2310'</u> Feet From The <u>NORTH</u> Line and <u>330'</u> Feet From The <u>WEST</u> Line Section <u>12</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>LEA</u> County 10. Elevation(Show whether DF, RKB, RT, GR, etc.) <u>3501 GE</u>	

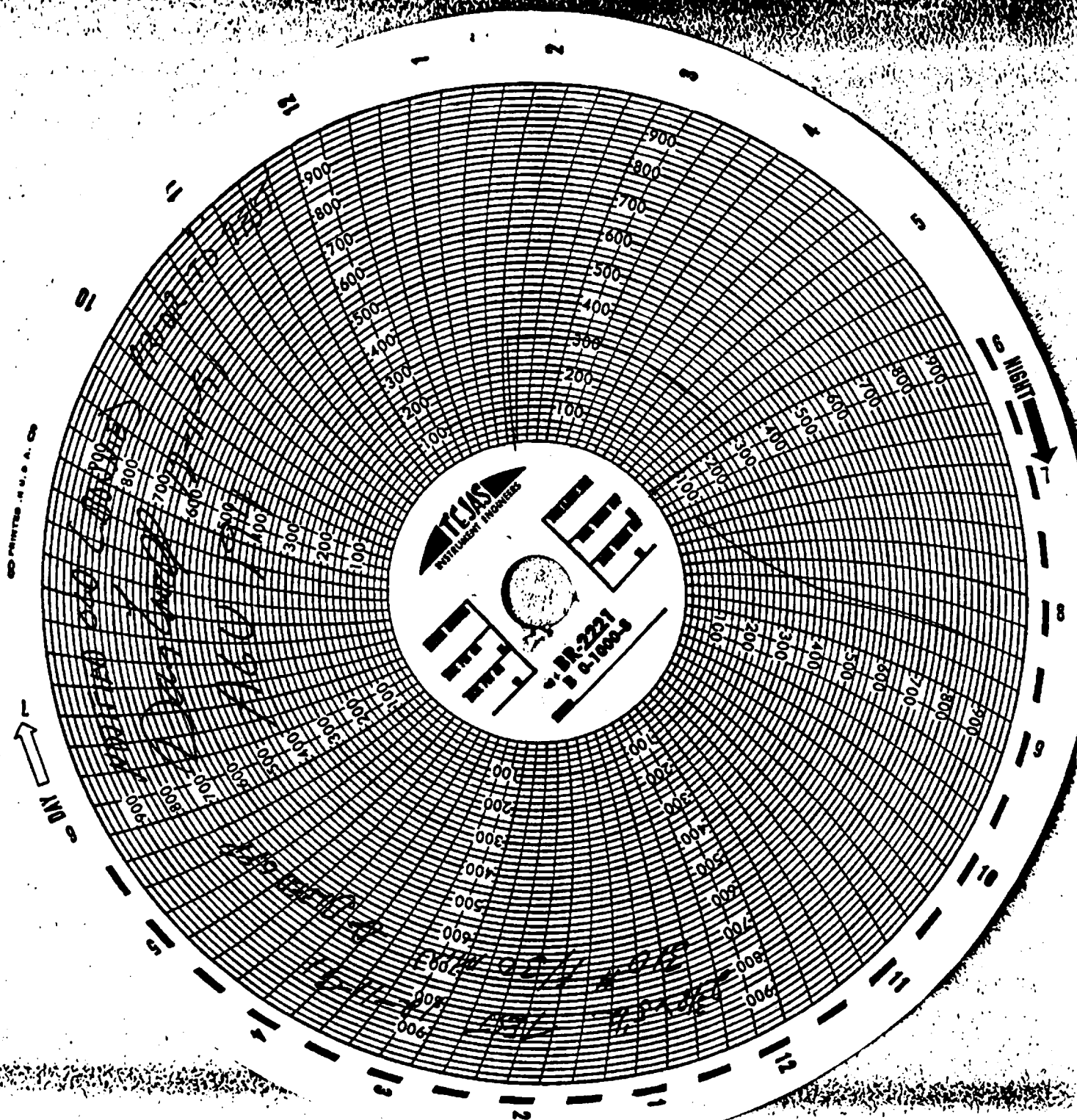
11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/> CASING TEST AND CMT JOB <input type="checkbox"/> OTHER: <u>CONVERT TO INJECTION</u> <u>WEX-634</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.

POOH WITH RODS AND TBG.
TIH WITH GUIBERSON PACKER ON 2 3/8" IPC TUBING.
SET PACKER AT 3597'. LOAD AND PRESSURE TEST ANN. TO 310# FOR 30 MINS.-OK.
RIG DOWN AND MOVE OUT ON 12-11-91.
CONVERT TO INJECTION.

Inf. interval 3690-3973'

I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	<u>P.R. Matthews</u>	TITLE	TECH. ASSISTANT
DATE:		6-9-92	
TYPE OR PRINT NAME		P.R. MATTHEWS	
TELEPHONE NO.		(915)687-7812	
APPROVED BY	<u>[Signature]</u>	TITLE	
DATE		6-11-92	
CONDITIONS OF APPROVAL, IF ANY:			



UPDATE OF WORKOVER/AFE INFO

WELL SEARCH KEY: 156 AGU 194 AGU #194 WIC

AFE/SA NUMBER: MM D I D B C P

NEW DRILLED WELL: _____ ENTER "Y" IF WELL HAS JUST BEEN DRILLED.

COMPLETION DATE: _____

JOB DESCRIPTION: Re-enter, Del Plgs, Dpn, Acdz, Sub Tot, Convert to Injection

PRIOR PRODUCTION STATUS: Mattern E*5-(PIA)

AFE AMOUNT: \$109,900

AFE SUPPLEMENT: _____

CUMULATIVE COST: _____

12430

FINAL TEST DATE: _____

OFF REPORT: _____ ENTER "Y" TO REMOVE FROM DAILY REPORT.

UPDATE OF WORKOVER WELL TESTS

TEST DATE 12-11-91

TEST HOURS _____

OIL BBLs: _____

WATER BBLs: _____

GAS MCFs: _____

FLUID LEVEL: _____

CHOKE: _____

FTP: _____

CASING PRESSURE: _____

STROKES/MINUTE: _____

STROKE LENGTH _____

TUBING SIZE: _____

PUMP SIZE/TYPE: _____

LOAD WATER: _____

LOAD OIL: _____

NJ BWPd: _____

INJ PRESS: _____

CHLORIDES: _____

REMARKS: _____

NARRATIVE

IMD TEXT PV ON INACT RPT

MURV PU POH 410 RODS & TUB. PU GUIDERSON 66 P.C.

INT PR. PIH ON 117 IN 2 3/8 RILE DVOLUME TUB SET

PR @ 3659 LOAD ANN. CSG ON SLIGHT VAL PU

SET PR @ 3597. LOAD & TEST ANN 310" 30 MIN.

O.K. RD PU. TRAN INACT RPT WOT.

*NOTE- NOTIFIED BONNIE W/OLO 12-9-91 F/ INTEGRITY TEST