

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

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" (FORM C-101) FOR SUCH PROPOSALS.)		API NO. (assigned by OCD on New Wells) 30-025-08882 ✓
		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
		6. State Oil & Gas Lease No. N/A
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT
2. Name of Operator CHEVRON U.S.A. PRODUCTION CO.		8. Well No. 195
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE		9. Pool name or Wildcat ARROWHEAD/GB
4. Well Location Unit Letter F : 2310 Feet From The NORTH Line and 1650 Feet From The WEST Line Section 12 Township 22-S Range 36-E NMPM LEA County		10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3478 GE

11

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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: DPN, PERF, STIM. <input checked="" type="checkbox"/>		OTHER: <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, POOH WITH PRODUCTION EQUIP.
DRILL NEW FORMATION FROM 3739-3905.
LOG HOLE: SDL-DSN-GR-CAL-CCL.
ACIDIZE OPEN HOLE WITH 1500 GALS. OF 15% NEFE. SWAB TEST HOLE.
ADD PERFS AS PER LOG WITH 4" GUNS, 2 JHPF, 80 DEG PHSD.
ACDZ PERFS WITH 500 GALS OF 15% NEFE. SWAB TEST.
TIH WITH TBG. AND RODS. RETURN TO PRODUCTION ON 4-14-92

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

SIGNATURE *Joe Carter* TITLE **REMEDIAL ENGINEER** DATE: **03/15/1993**
TYPE OR PRINT NAME **JOE CARTER** TELEPHONE NO. **(915)687-7549**

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY **DISTRICT I SUPERVISOR** TITLE _____ DATE **10.1.92 1000**
CONDITIONS OF APPROVAL, IF ANY: _____