

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		API NO. (assigned by OCD on New Wells) <b>30-025-24021</b>
1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input type="checkbox"/> WELL <input type="checkbox"/> OTHER INJECTION <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>		6. State Oil & Gas Lease No. <b>N/A</b>
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS</b>		7. Lease Name or Unit Agreement Name <b>ARROWHEAD GRAYBURG UNIT</b>
4. Well Location Unit Letter <b>A</b> : <b>660</b> Feet From The <b>NORTH</b> Line and <b>660</b> Feet From The <b>EAST</b> Line Section <b>1</b> Township <b>22S</b> Range <b>36E</b> NMPM <b>LEA</b> County		8. Well No. <b>146</b>
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3476 GE</b>		9. Pool name or Wildcat <b>ARROWHEAD/GB</b>

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> 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"/>	<b>SUBSEQUENT REPORT OF:</b> 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: <b>LOG,PERF ACDZ AND CONVERT TO INJ.</b> <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.

MIRU, POOH WITH PRODUCTION EQUIP.  
LOG HOLE: DBT-GR-CCL.  
PERF HOLE 3642-3840 WITH 2 JHPF AND 4" GUNS.  
ACIDIZE PERFS WITH 3000 GALS OF 15% NEFE. SWAB BACK.  
TIH WITH IPC INJECTION TBG. AND PACKER, SET AT 3591'.  
LOAD BACKSIDE WITH PACKER FLUID AND TEST TO 500 PSI-OK.  
CONVERT TO INJECTION ON 4-21-92.

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 <b>TECH. ASSISTANT</b>	DATE: <b>5/4/92</b>
TYPE OR PRINT NAME <b>P.R. MATTHEWS</b>		TELEPHONE NO <b>(915)687-7812</b>

APPROVED BY <u>Paul</u>	TITLE	DATE
CONDITIONS OF APPROVAL <u>Geow</u>		

R B N Gw

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