

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
4001 N. UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of well <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation N/A
2. Name of Operator CHEVRON U.S.A. INC.	8. Well Name and No. ARROWHEAD GRAYBURG UNIT 161
3. Address and Telephone No. P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: NITA RICE	9. API Well No. 30-015-24528
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL & 660' FEL SECTION 1, T-22-S, R-36-E	10. Field and Pool, or Exploratory Area ARROWHEAD/GB
	11. County or Parish, State LEA COUNTY NEW MEXICO

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

12 TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> 33 Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water
	ADD PERFS, ACDZ	

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimate date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

WORK PERFORMED 5-27 THRU 6-16-93
ND WH, NU BOP, TST CSG TO 500 PSI F/30 MINS, OK. RAN GR-CCL-CBL-CET LOG F/4100-3000.
SPOT CMT, WOC 2 HRS. TAG CMT @ 5467. SPOT P&A MUD F/5467-4100. SPOT BALANCED
CMT PLUG F/4172-3981, WOC 4 HRS, TAG TOC @ 3981'. SWB. UNABLE TO SWB DRY. SET CICR
AT 3890, PMP 75 SX CL-C CMT BELOW & THRU SQZ HOLES & UP 5-1/2 ANNULUS. (500'
PLUG F/ SQZ HOLES 3912' UP AROUND BACK OF 5-1/2 CSG & INTO PERFS & INSIDE 5-1/2
CSG). TAG TOC @ 3570, C/O CMT TO 3890', SWB. PERF 3847-3854, 2 JHPF, 24 HOLES.
ACDZ W/4 BBLS 15% NEFE HCL. SWB. PMP 150 SX CMT TO SQZ LEAK, 140 SX IN FORM. DRL OUT CMT
3650-3840', CIRC CLEAN. NO FLU ENTRY. PERF 3796-3824, 2 JHPF, TTL 36 HOLES. ACDZ W/
2 BBLS 15% NEFE HCL. SWB DRY. PERF 3648-3777, TTL 90 HOLES, 2 JHPF. ACDZ W/15% NEFE
HCL. SWAB. ND BOP, NU WH, RUN PMP & RODS. TURN OVER TO PROD.
PROD BEFORE WO WELL SI. AFTER WO, 24 HR TST 6-30-93 = 1 BO, 18 BW, 18 MCF.

14. I hereby certify that the foregoing is true and correct

Signer <u>Nita Rice</u>	NITA RICE	Title <u>TECHNICAL ASSISTANT</u>	Date <u>7/1/93</u>
(This space for Federal or State office use)			
Approved by _____	Title _____	Date _____	
Conditions of approval, if any: _____			

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instructions on Reverse Side

J. Lara
- 8 1993