

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)

30-025-26478

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

8. Well No.

204

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
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL

GAS

WELL ☒

WELL ☐

OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location

Unit Letter

J

2123

Feet From The

SOUTH

Line and

1644

Feet From The

EAST

Line

Section

12

Township

22S

Range

36E

NMPM

LEA

County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)

3462' GE

11

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER:

PLUG BACK TO GRAYBURG ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTER CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABAN. ☐

CASING TEST AND CMT JOB ☐

OTHER: ☐

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.

IT IS PROPOSED TO:

DRILL OUT CIBP @ 3604, SET CMT PLUG 6330-6230,(ACROSS TUBB) 5350-5100

(ACROSS BLINEBRY & GLORIETA) & 4150-4050 (ACROSS SAN ANDRES)

PERF GRAYBURG 3824-3877, ACDZ, SWAB.

(WORK PROPOSED ON C-101 DATED 3-16-92 WAS NOT PERFORMED)

(WELL NAME CHANGED FROM ARCO STATE 157-D #11)

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

SIGNATURE

Nita Rice

TITLE

TECHNICAL ASSISTANT

DATE:

10/6/92

TYPE OR PRINT NAME

NITA RICE

TELEPHONE NO. (915)687-7436

APPROVED BY

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

DATE

OCT 08 1992

CONDITIONS OF APPROVAL, IF ANY: