Submit 3 Copies
to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office

OIL CONSERVATION DIVISION

P.O. Box 2088				
DISTRICT I Santa Fe, New M	Mexico 87504-2088			
P.O. Box 1980, Hobbs, NM 88240	_			
DISTRICT II		API NO. (assigned by OCD on New Wells)		
P.O. Drawer Dd, Artesia, NM 88210 DISTRICT III		30-025-31304		
1000 Rio Brazos Rd., Aztec, Nm 87410		5. Indicate Type of Lease		
37 2 37 2 37 133, 72 33, Mill 974 10	Ĺ	STATE X	FEE	
		6. State Oil & Gas Lease No.		
		N/A		
SUNDRY NOTICES AND REPORTS ON WELLS				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"		ARROWHEAD GRAYBURG UNIT		
(FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well:				
OIL GAS				
WELL X WELL OTHER				
2. Name of Operator				
CHEVRON U.S.A. INC.		8. Well No.		
3. Address of Operator		9. Pool name or Wildcat		
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS		ARROWH EAD/GB		
4. Well Location				
	EST Line and	660 Feet From The	SOUTH Line	
	2S Range 3 whether DF, RKB, RT, GR, etc.)	NMPM L	EA County	
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	541 GE			
11 Check Appropriate Box to Indecate Nature o				
NOTICE OF INTENTION TO:	SUBSEQUENT REPO	ART OF.		
	MEDIAL WORK		<u> </u>	
TEMPORARILY ANALYSON	-	ALTER CASING		
	MMENCE DRILLING OPNS.	PLUG AND ABAN.		
PULL OR ALTER CASING CAS	SING TEST AND CMT JOB			
OTHER:	SQUEEZE, PERF, ACDZ	, -	X	
12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including esticated date of starting any proposed work) SEE RULE 1103.				
MIRU,POOH W/PROD. EQUIP.				
PERF ZONES 1-3 W/4" GUNS,180 DEG. PHSD,2 JHPF 3888'-3952'.				
ACDZ PERFS 3838'-3952' W/150 GALS 15% NEFE SWB/TST ZONES 1-5.				
SET CIBP AT 3880', SET CICR AT 3743'.				
SQUEEZE ZONE 1 3838'-3874' W/82 SXS CMT.				
DRILL OUT CMT CICR AND CIBP.				
PERF 3929'-3729' W/4" GUNS 180 DEG. PHSD. 156 HOLES.				
ACDZ PERFS W/1000 GALS .				
ACDZ PERFS AT 3724-3822 W/1000 GALS .				
SWB/TST, TIH W/PRODUCTION EQUIP.				
RETURN TO PRODUCTION ON 11-07-91.				
hereby certify that the information above is true and complete to the best of my knowledge and				
SIGNITURE P. R. Mallin TITLE TE	CH. ASSISTANT D	ATE: 11-08-91		
TYPE OF PRINT MAKE				
TYPE OR PRINT NAME P.R. MATTHEWS	ŢĘ	LEPHONE NO. (915)687-78	12	
		* / -		
APPROVED BY TITLE	QA	ne ħĺVí,	A.L.	
CONDITIONS OF APPROVAL IF ANY				