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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office

## OIL CONSERVATION DIVISION

| Statict Office  |  | ox 2088                          | ı           |   |                |                                       |
|---|--|----------------------------------|-------------|---|----------------|---------------------------------------|
| DISTRICT I  |  | w Mexico 87504-2                 | 0088        |   |                |                                       |
| P.O. Box 1980, Hobbs, NM 88240  | Janta 1 e, Ne                              | W Mexico 07504-2                 | 2000        |   |                |                                       |
| DISTRICT II   |  |                                  |             | API NO. (assigned by OCD on New Wells)                          |                |                                       |
| P.O. Drawer Dd, Artesia, NM 88210   |  |                                  |             | 30-025-31304  |                |                                       |
| DISTRICT III  |  |                                  |             | Indicate Type of Lease  |                |                                       |
| 1000 Rio Brazos Rd., Aztec, Nm 87410  |  |                                  |             |   | STATE X        | FEE                                   |
|   |  |                                  |             | 6. State Oil & G  | as 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. Lesse Name or Unit Agreement Name<br>ARROWHEAD GRAYBURG UNIT |                |                                       |
|   |  |                                  |             |   |                |                                       |
| 1. Type of Well:  | 1 C-101) FOR SUCH PROPUSAL                 | L3.)                             |             |   |                |                                       |
| OIL GAS   |  |                                  |             |   |                |                                       |
| WELL X WELL   | OTHER                                      |                                  |             |   |                |                                       |
| 2. Name of Operator   |  |                                  |             | 8. Well No.   |                |                                       |
| CHEVRON U.S.A. INC.  3. Address of Operator   |  |                                  |             | 174   |                |                                       |
| P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS   |  |                                  |             | 9. Pool name or Wildcat ARROWHEAD GRAYBURG                      |                |                                       |
| 4. Well Location  | 702 ATTICLE III. WATTI                     | 12440                            |             | ANNOVINEA   | DAUGTAND UN    |                                       |
| Unit Letter N   | : 1905 Feet From The                       | • WEST                           | Line and    | 660   | Feet From The  | SOUTH Line                            |
| Section 2   | Township                                   | 22S                              | Range       | 36E   | NMPM           | LEA County                            |
|   | 10. Elevation                              | n(Show whether DF, RKB, RT, G    | iR, etc.)   |   |                |                                       |
|   |  | 3541 GE                          |             |   |                |                                       |
|   | Appropriate Box to Indecate Nat            | 1                                |             |   |                |                                       |
| NOTICE OF INTENTION   | <del></del>                                |                                  | UENT REF    | PORT OF:  |                |                                       |
| PERFORM REMEDIAL WORK PLUG A  | ND ABANDON                                 | REMEDIAL WORK                    | <u></u>     | Į   | ALTER CASING   |                                       |
| TEMPORARILY ABANDON CHANGI  | E PLANS                                    | COMMENCE DRILLING OPNS           | s           |   | PLUG AND ABAN. |                                       |
| PULL OR ALTER CASING  |  | CASING TEST AND CMT JOI          | В           | ]   |                |                                       |
| OTHER:  |  | OTHER: COMPLET                   | ION         |   |                | X                                     |
|   |  |                                  |             |   |                |                                       |
| <ol> <li>Describe Proposed or Completed Operations(C) esticated date of starting any proposed work) SI</li> </ol> |  | give pertinent dates, including  |             |   |                |                                       |
| *   |  |                                  |             |   |                |                                       |
| DRILL OUT CMT TO 4  | 1022'.                                     |                                  |             |   |                |                                       |
| PERF 3988'-4055', 13  | 35 TOTAL HOLES, 2 JHP                      | PF.                              |             |   |                |                                       |
| ACDZ W/1000 GALS.   | 15 % NEFE. SWB/TST.                        |                                  |             |   |                |                                       |
|   | ND BEGIN PRODUCING.                        |                                  |             |   |                |                                       |
|   |  |                                  |             |   |                |                                       |
|   |  |                                  |             |   |                |                                       |
|   |  |                                  |             |   |                | <u> </u>                              |
|   |  |                                  |             |   |                | · :                                   |
|   |  |                                  |             |   |                | -                                     |
|   |  |                                  |             |   |                |                                       |
|   |  |                                  |             |   |                |                                       |
|   |  |                                  |             |   |                |                                       |
|   |  |                                  |             |   |                | · · · · · · · · · · · · · · · · · · · |
| I hereby certify that the information above is true an SIGNITURE OR M. How  | nd complete to the best of my knowle TITLE | edge and belief. TECH. ASSISTANT | r           | DATE:   | 10-08-91       |                                       |
| Firmina   |  | LON AUDIOTAIN                    | <del></del> | JAIL.   | 10 00-01       |                                       |
| TYPE OR PRINT NAME P.R. M   | MATTHEWS                                   |                                  |             | TELEPHONE NO.   | (915)687-781   | 2                                     |
|   | 7  |                                  |             |   |                | <u>-</u>                              |
| APPROVED BY   |  |                                  |             | DATE  |                |                                       |
| CONDITIONS OF APPROVAL, IF ANY:   | <del></del>                                |                                  |             | DATE  | <del> </del>   |                                       |