

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-31304

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
ARROWHEAD GRAYBURG
UNIT

1. Type of Well:

OIL
WELL ☒

GAS

WELL ☐

OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.
174

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat
ARROWHEAD/ GRAYBURG

4. Well Location

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

3541'

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: DRILLING SUMMARY ☒

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, SPUD 12 1/4" HOLE ON 8-14-91 AT 11:00 HRS.
DRILL AND SURVEY FROM 0-1417', TD 12 1/4" HOLE AT 13:30 HRS. ON 8-17-91.
CONDITION HOLE, RU AND RUN 33 AND 1 CUT JTS. OF 3 5/8", 23#, M-50, ST&C CASING TO 1417'.
FLOAT COLLAR AT 1375'.
PUMPED 900 SXS. CMT., CIRC 76 SXS.
TEST BOP. WOC 52 HRS.
DRILL OUT FLOAT WITH 7 7/8" BIT AND CONTINUE TO DRILL FORMATION.

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

SIGNATURE P.R. Matthews TITLE TECHNICAL ASSISTANT DATE 8-19-91

TYPE OR PRINT NAME P.R. MATTHEWS TELEPHONE NO. 687-7812

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY: