

Submit 3 Copies
to Appropriate
District Offices

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

310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.

30-025-31379

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

8. Well No.

203

9. Pool name or Wildcat

ARROWHEAD; GRAYBURG

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.)

1. Type of Well:

OIL WELL ☐

GAS WELL ☐

OTHER INJECTOR ☐

2. Name of Operator

CHEVRON U.S.A., INC.

3. Address of Operator

P. O. BOX 1150 MIDLAND, TX 79702

4. Well Location

Unit Letter I : 1980 Feet From The SOUTH Line and 635 Feet From The EAST Line

Section 12 Township 22S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3458'

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 ABANDON ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations
(work) SEE RULE 1103.

(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work)

POH W/TBG & PKR. CO 3789'-3820'; CIRC CLEAN. ACZD PERFS W/2000 GALS 15%.
SWABBED. DUMPED 1750# SD; TAGGED @ 3681'. WASHED SD TO 3721'. ACZD 3638'-3717'
W/1000 GALS 15%. SQZD 3638'-3717' W/150 SX CMT @ BH SQZ PRESS 3000#. DO CMT TO
3720'. WASHED SD TO 3820'. RIH W/TBG & PKR; PKR @ 3564'. BUDDY HILL WITNESSED
MIT. RETURNED WELL TO INJECTION.

WORK PERFORMED 7/19/00 - 7/26/00

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

SIGNATURE J. K. Ripley TITLE REGULATORY O.A. DATE 08/01/2000

TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

APPROVED BY _____ DATE AUG 4 2000

CONDITIONS OF APPROVAL, IF ANY:



