

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)

30-025-31379

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.

203

9. Pool name or Wildcat

ARROWHEAD GB/SA

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

GAS

WELL



WELL



OTHER

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

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

4. Well Location

Unit Letter

I

1980

Feet From The

SOUTH

Line and

635

Feet From The

EAST

Line

Section

12

Township

22 S

Range

36 E

NMPM

LEA

County

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

3457.9 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:



SUBSEQUENT REPORT OF:

REMEDIAL WORK



ALTER CASING



COMMENCE DRILLING OPNS.



PLUG AND ABAN.



CASING TEST AND CMT JOB



OTHER:

DRILLING SUMMARY



12. Describe Proposed or Completed Operations(Clearly state all pertinent details, including
estimated date of starting any proposed work) SEE RULE 1103.

DRILL AND SURVEY 7 7/8" HOLE FROM 1140'-3885'.
TO HOLE AT 3885'.

RUN 5 1/2", 15.5#, K-55, LT & C CASING TO 3885'.

PUMPED 325 SXs. CMT AND CIRCULATED 23 SXs. TO SURFACE.

NU CSG HEAD AND TESTED TO 2000 PSI.

INSTALLED BONNET WITH VALVE.

RELEASED RIG AT 14:00 HRS. ON 10-17-91.

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

SIGNATURE

P.R. Matthews

TITLE

TECH. ASSISTANT

DATE:

10-18-91

TYPE OR PRINT NAME

P.R. MATTHEWS

TELEPHONE NO.

(915)687-7812

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY

DISTRICT I SUPERVISOR

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: