Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

Oil C	ONSERVATION DIVISION	Total Trop
	P.O. Box 2088	
P.O. Box 1980, Hobbs, NM 88240	anta Fe, New Mexico 87504-2088	
DISTRICT II		API NO. (assigned by OCD on New Wells)
P.O. Drawer Dd, Artesia, NM 88210		30-025-31410
DISTRICT III		6. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, Nm 87410		STATE X FEE
		6. State Oil & Gas Lease No.
SUNDRY NOTICES A	ND REPORTS ON WELLS	A-2614
(DO NOT USE THIS FORM FOR PROPOSALS	TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. (	JSE "APPLICATION FOR PERMIT"	7. Lesse Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT
(FORM C-101) FOR S		THE WILLIAM GIAL GIAL
1. Type of Well: OIL GAS		1
W(51)	sp. (N. IECTOR	
2. Name of Operator	ER INJECTOR	
CHEVRON U.S.A. INC.		8. Well No.
3. Address of Operator		225
P.O. BOX 1150 MIDLAND, TX 79702 ATTN:	P.R. MATTHEWS	9. Pool name or Wildcat
4. Well Location	THE WAY THICARD	ARROWHEAD /GB
·	O Feet From The NORTH Line and	1650 Feet From The EAST Line
Section # 13	Township 22S Range	36E NMPM LEA County
	10. Elevation(Show whether DF, RKB, RT, GR, etc.)	
11 Check Appropriate Boy	3474 GL	
NOTICE OF INTENTION TO:	to Indecate Nature of Notice, Report, or Other Data	
PERFORM REMEDIAL WORK PLUG AND ABANDON	SUBSEQUENT REI	PORT OF:
TEMPORARILY ABANDON CHANGE PLANS	REMEDIAL WORK	ALTER CASING
PULL OR ALTER CASING	COMMENCE DRILLING OPNS.	PLUG AND ABAN.
OTHER:	CASING TEST AND CMT JOB	
	OTHER: completion	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.		
DRILL OUT FLOAT COLLAR AND CEMENT TO 3700'.		
LOG HOLE: GR-CCL. PERF W/4" GUNS, 2 JHPF, 180 DEG PHSD, 3891-3880.		
SWB/TST PERFS AND PERF 3862-3692, 102 HOLES, 2 JHPF, 180 DEG. PHSD		
ACDZ PERFS 3771-3894 W/1300 GALS OF 15% NEFE.		
SWAB TEST, TIH W/TBG. AND PACKER, SET AT 3677'.		
LOAD BACK SIDE WITH PACKER FLUID AND TEST TO 500 PSI-OK.		
RDMO READY TO INJECT ON 1-2-92.		
I hereby certify that the information above is true and complete to the b		
SIGNITURE P. K. Malla	TITLE TECH. ASSISTANT	DATE: 01-06-92
TYPE OR PRINT NAME P.R. MATTHEWS	•	
F.R. WATTHEWS		TELEPHONE NO. (915)687-7812
10 - 10 - 14 (A) - 1		
APPROVED BY	TITLE	DATE 1AN () 9.192
CONDITIONS OF APPROVAL, IF ANY:		JAN UU JA