Submit 3 Copies

to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office

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DISTRICT I	S		v Mexico 87504-	2088					
P.O. Box 1980, Hobbs, NM 8824		21116 1 C, 14C	W MEXICO 07504-	2000					
DISTRICT II						API NO. (assigned by OCD on New Wells)			
P.O. Drawer Dd, Artesia, NM 88210						30-025-31410			
DISTRICT III						of Lease			
1000 Rio Brazos Rd., Aztec, Nm	87410				ļ	STATE X	FEE	\neg	
					6. State Oil & C	ine I appe No		=	
						A-2614			
	SUNDRY NOTICES A	ND REPORTS	ON WELLS					mmm	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"						7. Lesse Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT			
7 Type of Well: OIL	GAS								
WELL T	WELL OTH	ER INJECT	TOB.		1				
2 Name of Operator	- WELL OIN	ER INJECT			ļ				
· ·	U.S.A. INC.				8. Well No.	225			
3. Address of Operator	0.0.71. 1140.				9. Pool name or	225			
P.O. BOX 1150 MIDLA	AND, TX 79702 ATTN:	P.R. MATTHE	EWS		ARROWHEA				
4. Well Location									
Unit Letter		O Feet From The	NORTH	Line and		Feet From The	EAST	Line	
Section	X # 13	Township	22S Show whether DF, RKB, RT,	Range	36E	NMPM L	Ā	County	
			3474 GL	GR, etc.)					
11	Check Appropriate Box	to Indecate Natu		Other Date					
NOTICE OF	INTENTION TO:		1	QUENT RE	PORT OF				
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		7	ALTER CASING	Г	_	
TEMPORARILY ABANDON	CHANGE PLANS	-	COMMENCE DRILLING OPN	<u>. </u>	1		<u>_</u>	릭	
PULL OR ALTER CASING		السا		<u> </u>	4	PLUG AND ABAN.	L		
			CASING TEST AND CMT JO	L	J				
OTHER:			OTHER: DRILLING	SUMMA			>	<u> </u>	
12 Describe Proposed or Comple	eted Operations(Clearly state all pertin	seet dataile and six							
	proposed work) SEE RULE 1103.	ient details, and giv	e pertinent dates, including						
DRILL AND	SURVEY 7 7/8" HOLE F	ROM 1250'-	3915'.						
LOG HOLE:	GR-ZDI-CN-CAL-ACU-FI	ΜT.							
RUN 5 1/2	,15.5#,ST & C CASING	TO 3915'.							
PUMP 500	SXS CMT W/350 SXS T	AIL, CIRC 12	28 SXS TO SURFAC	CE.					
	SED AT 16:00 HRS ON								
hereby certify that the information	above is tryle and complete to the b	est of my knowledg	a and halief						
(1.7)	Mally	TITLE	TECH. ASSISTAN	т	DATE:	11-04-91			
	,			-	UAIL.	11-04-31			
TYPE OR PRINT NAME	P.R. MATTHEWS				TELEPHONE NO.	(915)687-78	12		
(hie	, Signed by								
APPROVED BY	Signed by ul Kautz	TITLE			2475				
CONDITIONS OF APPROVAL, IF	cologish	***************************************			DATE				