Submit 3 Copies

to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office OIL CONSERVATION DIVISION DIVISIONI DI	ON	
P.O. Box 2088 DISTRICT I Santa Fe, New Mexico 8750	04-2088	
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II		
P.O. Drawer Dd, Artesia, NM 88210	API NO. (assigned by OCD on New Wells). 30-025-31410	
DISTRICT III	5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, Nm 87410	STATE X FEE	
	6. State Oil & Gas Lease No.	
CHAIDBY MOTICES AND DEPOSTS ON THE	A-2614	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lesse Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT	
1. Type of Weli:		
OIL GAS WELL OTHER INJECTOR		
2. Name of Operator	8. Well No.	
CHEVRON U.S.A. INC. 3. Address of Operator	225	
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS	9. Pool name or Wildcat	
4. Well Location	ARROWHEAD/GB	
Unit Letter G: 1920 Feet From The NORTH	Line and 1650 Feet From The EAST Line	
Section 13 Township 22S	Range 36E NMPM LEA Cour	
10. Elevation(Show whether DF, RKB, F		
11 Check Appropriate Box to Indecate Nature of Notice, Report,	V/////////////////////////////////////	
NOTICE OF INTERVENCE	or Other Data SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING C	ALTER CASING	
BUILL OR ALTER CACING	LI PLOG AND ABAN.	
	NC CURRENCE	
OTHER: DRILLII	NG SUMMARY X	
12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, includin esticated date of starting any proposed work) SEE RULE 1103.	ng	
MIRU, SPUD ON 10-16-91.		
DRILL AND SURVEY 12 1/4" HOLE FROM 0'-1250'.		
RUN 8 5/8",23#,M-50,ST&C CASING TO 1250'.		
PUMP 800 SXS. CMT., CIRC. 86 SXS. TO SURFACE.		
WOC 22.5 HRS.		
DRILL OUT SHOE AND CONTINUE TO DRILL FORMATION.		
TO STATE OF THE POST OF THE PO		
I hereby certify that the information phove is true and complete to the best of my knowledge and belief.		
SIGNITURE F.R. Mathew TITLE TECH. ASSISTA	NT DATE: 10-24-91	
TYPE OR PRINT NAME P.R. MATTHEWS	TELEPHONE NO. (915)687-7812	
en et en		
APPROVED BY TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:	VIII.	