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

P.O. Box 2088

P.O. Box 2088	
DISTRICT Santa Fe, New Mexico 87504-2088	
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	API NO. (assigned by OCD on New Wells)
P.O. Drawer Dd, Artesia, NM 88210	30-025-31417
DISTRICT III 1000 Rio Brazos Rd., Aztec, Nm 87410	5. Indicate Type of Lease STATE X FEE
	6. State Oil & Gas Lease No.
	N/A
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	ARROWHEAD GRAYBURG UNIT
1. Type of Well: OIL GAS	
WELL X WELL OTHER	
2. Name of Operator	B. Well No.
CHEVRON U.S.A. INC.	155
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	9. Pool name or Wildcat ARROWHEAD/GB
4. Well Location	ANNOVINEAD/GB
Unit Letter F : 1980 Feet From The NORTH Line and	2276 Feet From The WEST Line
Section 2 Township 22S Range	36E NMPM LEA County
3552 GE	
11 Check Appropriate Box to Indecate Nature of Notice, Report, or Other	er Data
NOTICE OF INTENTION TO: SUBSEQUENT F	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTER CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABAN.
PULL OR ALTER CASING CASING TEST AND CMT JOB	1
OTHER: OTHER: ADD PERFS & AC	DZ-SAME ZONE
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. WORK PERFORMED 11-23 THRU 11-30-92 POH W/RODS, ND WH,NU BOPE, PERF WITH 4" CSG GUN, 2 JHPF, 3718-3929 TTL OF 146 HOLES SET RBP 3970'+-, ACDZ EACH SET OF PERFS W/2 BBLS 15% NEFE HCL. SWB BACK LOAD. REL STRADDLE PKR @ 3750, TIH & LATCH ONTO RBP @ 3920, POH & LD TOOLS. RIH W/PROD TBG,ND BOP, NU WH, RUN RODS & PMP, HANG WELL ON, RETURN TO PRODUCTION.	
I hereby certify, that say information above is free and complete to the best of my knowledge and belief.	2015
SIGNITURE // CLA CLE, TITLE TECHNICAL ASSISTANT	DATE: 12/8/92
TYPE OR PRINT NAME NITA RICE	TELEPHONE NO. (915)687-7436
ORIGINAL SIGNED BY JERRY SEXTON APPROVED BY DISTRICT I SUPERVISOR TITLE	DEC 1 999
CONDITIONS OF APPROVAL, IF ANY:	