Submit 3 Copies	State of New Mexico	Form C-103
to Appropriate	Energy, Minerals and Natural Resources Department	Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

District Office

Santa Fe, New Mexico 87504-2088

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)

30-025-31417

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 B
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
ARROWHEAD GRAYBURG UNIT

1. Type of Well:

OIL WELL [X]   GAS WELL [ ]   OTHER

2. Name of Operator
CHEVRON U.S.A. INC.

8. Well No.
155

3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat
ARROWHEAD /GB

4. Well Location

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

10. Elevation(Show whether DF, RKB, RT, GR, etc.)
3552.4 GE

11   Check Appropriate Box to Indecate 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: **EXTENDING PERMIT** [X]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]   ALTER CASING [ ]

COMMENCE DRILLING OPNS. [ ]   PLUG AND ABAN. [ ]

CASING TEST AND CMT JOB [ ]

OTHER: [ ]

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.

CHEVRON REQUEST PERMISSION TO EXTEND THIS DRILLING PERMIT FOR ANOTHER 6 MONTHS.

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

SIGNITURE _P. R. Matthew_   TITLE **TECH. ASSISTANT**   DATE: **5-4-92**

TYPE OR PRINT NAME   **P.R. MATTHEWS**   TELEPHONE NO **(915)687-7812**

APPROVED BY   Orig. signed by _Paul Kautz_   TITLE ____   DATE ____

CONDITIONS OF APPROVAL Geologist

Expires 10-17-92