

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

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) 30-025-31437 | |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> | |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT | |
| 8. Well No. 220 | |
| 9. Pool name or Wildcat ARROWHEAD GRAYBURG UNIT | |

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| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | |
| 1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR | |
| 2. Name of Operator CHEVRON U.S.A. INC. | |
| 3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON | |
| 4. Well Location Unit Letter <u>A</u> : <u>630</u> Feet From The <u>NORTH</u> Line and Section <u>13</u> Township <u>22S</u> Range <u>36E</u> NMPM <u>660</u> Feet From The <u>EAST</u> Line County <u>LEA</u> | |
| 10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3449' | |

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|--|--|
| 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data | |
| NOTICE OF INTENTION TO: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | CASING TEST AND CMT JOB <input type="checkbox"/> |
| OTHER: INJECTOR STIM <input type="checkbox"/> | OTHER: <input checked="" type="checkbox"/> |

12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

MIRU, TAG TD 3862'.
ACDZ W/3000 GALS 15% NEFEA.
RDMO. TURN WELL OVER TO PRODUCTION 12/4/95.

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

| | | |
|--|------------------------------|------------------------------------|
| SIGNATURE <u>Wendi Kingston</u> | TITLE <u>TECH. ASSISTANT</u> | DATE: <u>12/20/95</u> |
| TYPE OR PRINT NAME <u>WENDI KINGSTON</u> | | TELEPHONE NO. <u>(915)687-7826</u> |

| | | |
|-----------------------------------|------------------------------|-------------------------|
| APPROVED BY <u>Wendi Kingston</u> | TITLE <u>TECH. ASSISTANT</u> | DATE <u>DEC 28 1995</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |