

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**

Form C-103  
Revised 1-1-89

P.O. Box 2088

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)	
30-025-31724	
5. Indicate Type of Lease	
STATE <input checked="" type="checkbox"/>	FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
N/A	
7. Lease Name or Unit Agreement Name	
ARROWHEAD GRAYBURG UNIT	
8. Well No.	
190	
9. Pool name or Wildcat	
ARROWHEAD GRAYBURG	
10. Elevation(Show whether DF, RKB, RT, GR, etc.)	
3529'	

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 checked="" type="checkbox"/>	GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
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	B
Section	11
Feet From The	760
Township	22S
Line and Range	NORTH 1890' 36E
Feet From The	EAST
NMPM	LEA
County	

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: CMT SQZ/POLYMER TREAT <input type="checkbox"/>	
SUBSEQUENT REPORT OF:	
REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
CASING TEST AND CMT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	<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.
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MIRU PU 1/12/96, ND WH, NU BOP. TAG TD 4034'.  
SWAB TEST PERFS. MIX & PUMP 350 SX CL C CMT. TAG CMT @3643', D/O CMT.  
CIRC HOLE CLEAN. RIH W/2 7/8" TBG TO 3967'. TURN WELL OVER TO PRODUCTION 1/26/96.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	TECH. ASSISTANT	DATE:	2/7/96
TYPE OR PRINT NAME	WENDI KINGSTON	TELEPHONE NO.	(915)687-7826
APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON		DATE FEB 08 1996	
CONDITIONS OF APPROVAL, IF ANY: DISTRICT I SUPERVISOR			

mP