Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		Medised 1-1-03
<u>DISTRICT I</u>	OIL CONSERVATION DIVISION	
P.O. Box 1980, Hobbs NM 88241-1980	2040 Pacheco St.	WELL API NO. 30 - 025 - 34637
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	Santa Fe, NM 87505	5. Indicate Type of Lease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE 6. State Oil & Gas Lease No.
		o. State Off & Gas Lease No.
1	CES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESEF (FORM C-	RVOIR. USE "APPLICATION FOR PERMIT" 101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL	OTHER	ARROWHEAD GRAYBURG UNIT
2. Name of Operator		8. Well No.
Chevron U.S.A. Inc. 3. Address of Operator		342
P.O. Box 1150, Midland, TX	79702	9. Pool name or Wildcat ARROWHEAD; GRAYBURG
4. Well Location		
Unit Letter B 1310	Feet From The NORTH Line and 133	30 Feet From The EAST Line
Section 2	Township 22S Range 36E	NMPM LEA COURTY
	10. Elevation (Show whether DF, RKB, RT, GR, etc.	NMPM LEA County
11. Check An	3547'	
NOTICE OF IN	propriate Box to Indicate Nature of Notice,	
NOTICE OF IN	TENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRILLING	
PULL OR ALTER CASING	TO STATE OF THE ENGLISHED	1 TOO VILLE VID VILLE OF WILLIAM FULL
	CASING TEST AND CE	
OTHER:	OTHER: SOZD. PERF	<u>ED</u> <u>X</u>
WORK GEEROEE 1103.	ations (Clearly state all pertinent details, and give pertinent dat	
CL "C" CMT; TAGGED @ 3534 PRESS UP TO 1800 PSI 30 M MIN - OK. DRLD CIBP & CM	BP @ 3797'. SWABBED PERFS. REPAIRED LEAK ON F'. DRLD TO CIBP @ 3797'. SWABBED. PPD 100 MIN - HELD. TAGGED CMT @ 3501'; DRLD TO 3797 MT TO 3932'. SWABBED. PERFD 3812'-3912' W/3 G, PUMP & RODS. RETURNED WELL TO PRODUCTION.	O SX CL "C"; SQZD 1500 PSI. 7'. TSTD CSG 300 PSI 30 B JHPE. ACZD W/2000 GALS
WORK PERFORMED 9/27/99 -	10/12/99	
		,
I hereby certify that the information above is tru	e and complete to the best of my knowledge and belief.	
SIGNATURE J. K. RIPUL	TITLE REGULATORY O.A.	DATE10/19/99
TYPECR PRINT NAME J. K. RIPLEY		DATE 107 197 99 TELEPHONE NO. (915)687-7148
(This space for State Use)		
	provide the control of the control o	X
APPROVED BY		No. of the world
	TITLE	DATE