Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Office Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-34823 District II OIL CONSERVATION DIVISION 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III FEE \square STATE x Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: ARROWHEAD GRAYBURG UNIT Gas Well Other Oil Well 8. Well No. 2. Name of Operator 352 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator ARROWHEAD; GRAYBURG P.O. Box 1150 Midland, TX 79702 4. Well Location 100 feet from the_ 2500 line and feet from the Unit Letter **NMPM** County LEA 36£ Township 225 Range Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3524' 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REMEDIAL WORK **ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. **PLUG AND** \mathbf{x} **TEMPORARILY ABANDON CHANGE PLANS ABANDONMENT** CASING TEST AND PULL OR ALTER CASING MULTIPLE **CEMENT JOB** COMPLETION OTHER: OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. SPUDDED 12-1/4" HOLE 1/27/00. DRILLED TO 507'; SET 9-5/8" CSG. CMTD W/350 SX CL "C", CIRC TO SURF. DRILLED TO 3895', SET 7" CSG. CMTD W/725 SX CL "C", CIRC TO SURF. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. _DATE ___ 2/22/00 **SIGNATURE** Telephone No. (915)687-7148 Type or print name J.

TITLE

DATE

(This space for State use)

Conditions of approval, if any:

APPROVED BY_