

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30--25=04914                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>B-1732-1                                                            |
| 7. Lease Name or Unit Agreement Name<br>ARROWHEAD GRAYBURG<br>UNIT                                  |
| 8. Well No. 121                                                                                     |
| 9. Pool name or Wildcat<br>ARROWHEAD GRAYBURG                                                       |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3533 G.E.                                     |

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:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>CHEVRON U.S.A. INC.                                                                                                              |
| 3. Address of Operator<br>P.O. BOX 1150 MIDLAND, TEXAS 79702 ATTN: R. MATTHEWS                                                    | 4. Well Location<br>Unit Letter A : 660 Feet From The NORTH Line and 660 Feet From The EAST Line<br>Section 35 Township 21 s Range 36 e NMPM LEA County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3533 G.E.                                                                   |                                                                                                                                                         |

|                                                                               |                                                                             |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 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"/>                                  | ALTERING CASING <input type="checkbox"/>                                    |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | COMMENCE DRILLING OPNS. <input type="checkbox"/>                            |
| OTHER: <input type="checkbox"/>                                               | PLUG AND ABANDONMENT <input type="checkbox"/>                               |
|                                                                               | CASING TEST AND CEMENT JOB <input type="checkbox"/>                         |
|                                                                               | OTHER: DEEPEN, LOG, ACDZ, SQZ CSG. LEAK <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, POOH WITH PROD. EQUIP. TST/CSG TO 500 PSI. -LEAKED OFF.  
ISOLATED LEAK AT 939-943 and AT 815-819. SET C.I.C.R. AT 760, and rbp at 3661.  
MIXED AND PUMPED 200 SKS. CMT. OBTAINED A 1500 PSI. SQUEEZE.  
TIH WITH 4 3/4" BIT AND DRILLED CMT. AND CICR FROM 738-990. TST/CSG TO 500 PSI- OK.  
DRILL ON RBP AND CLEAN OUT, 3835-3854. DRILL NEW FORMATION 3855-3975.  
LOG HOLE: DSN-SDL-DLL-GR.  
SET PKR AT 3944, ACDZ OPEN HOLE 3975-3734 WITH 1000 GALS. 15% NEFE.  
SWB/TST. TIH WITH PROD. EQUIP.  
RDMO- RETURN TO PRODUCTION.  
WORK STARTED 6-29-91 ENDED 7-14-91

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

SIGNATURE M. E. Akins TITLE DRILLING SUPT. DATE 7-17-91

TYPE OR PRINT NAME M.E. AKINS TELEPHONE NO. 687-7812

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: