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to Appropriate
District Office

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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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		API NO. (assigned by OCD on New Wells) 30-025-04916
1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON U.S.A. INC.		6. State Oil & Gas Lease No. N/A
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE		7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT
4. Well Location Unit Letter G : 1980 Feet From The NORTH Line and 1980 Feet From The EAST Line Section 35 Township 21S Range 36E NMPM LEA County		8. Well No. 124
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3559' GL		9. Pool name or Wildcat ARROWHEAD/GB

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: <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: DEEPEN & ACDZ <input checked="" type="checkbox"/> CONVERT TO WATER INJECTION

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.

WORK PERFORMED 3-16 THRU 3-29-93

ND WH, NU BOP, SET PKR @ 3711 & TST CSG TO 500 PSI F/30 MIN. RU & RUN GR-DENSITY-CALIPER
LOG. ACDZ OH F/3747-4025 W/1675 GALS 15% NEFE HCL. SWAB. RU & RUN GR-CCL F/
SHOE TO SURFACE. RIH W/DUOLINED 2-3/8 TBG & SET PKR @ 3718, ND BOP, NU INJ HEAD.
PRESSURE TST CSG TO 300 PSI F/30 MIN. PLACE ON INJECTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Nita Rice</u>	TITLE TECHNICAL ASSISTANT DATE: 4/5/93
TYPE OR PRINT NAME NITA RICE	TELEPHONE NO. (915)687-7436
APPROVED BY <u>DAVID L. SEXTON</u> TITLE MANAGER DATE APR 09 1993	
CONDITIONS OF APPROVAL, IF ANY:	

JUL 22 C. B. N

DP