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2

State of New Mexico

Form C-103

Revisied 1-1-89

to Appropriate

Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

District Office	•		OIL CO	ソバタピレバ	AHON DIV	IOIOIA						
					Box 2088							
DISTRICT I			Sa	nta Fe, N	ew Mexico 879	504-2088	3					
	O, Hobbe, NM 88	240					(a = 1 = 1 = 1					
DISTRICT II								API NO. (assigned by OCD on New Welle) 30-025-04916				
P.O. Drawer Dd, Artesia, NM 88210  DISTRICT III  1000 Rio Brazos Rd., Aztec, Nm 87410												
								Indicate Type of Lease     STATE				
							6. Stat	te Oil & Gas L	.ease No.			
·								N/A				
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"								7. Lesse Name or Unit Agreement Name			
(FORM C-101) FOR SUCH PROPOSALS.)								ARROWHEAD GRAYBURG UNIT				
1. Type of	Well:											
OIL	(C)	GAS	¬	_								
WELL	<u>X</u>	WELL	OTHE	K								
2. Name of	2. Name of Operator CHEVRON U.S.A. INC.								8. Well No. 124			
3. Address of Operator								9. Pool name or Wildcat				
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE								ARROWHEAD/GB				
4. Well Local Unit Letter	tion	<b>G</b> :	1980	Feet From Ti	no NORT	TH Line er	nd	1980 Feet	From The	EAST	Line	
Section	35			Township	218	Range	36E		PM	LEA	County	
				10. Elevati	on(Show whether DF, F	KB, RT, GR, €	etc.)	Will				
					3559	' GL						
11				x to indecate	Nature of Notice,	•						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:												
PERFORM RE	MEDIAL WORK	PLUG A	ND ABANDON		REMEDIAL WORK		Ш	ALT	ER CASING			
TEMPORARIL	Y ABANDON	CHANG	E PLANS		COMMENCE DRILLIN	G OPNS.		PLU	G AND ABAN	•	Ш	
PULL OR ALT	ER CASING				CASING TEST AND	CMT JOB					_	
OTHER:	DEEPEN &											
	CONVERT	TO WATE	R INJECTIO	N								
	e Proposed or Com date of starting an				tails, and give pertinent	dates, includi	ng					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	WE PROPOSE TO:											
	ND WH. N	J BOP. SE	T PKR @ 3	711 & TS	T CSG TO 500	PSI F/30	MIN. RE	EPAIR CS	G LEAK			
	•	-			& DEEPEN WE							
		•			UN GR-CCL-DEI					O		
										•		
GAL 15% NEFE HCL. SWAB BACK LOAD. GIH W/INJECTION PKR & 2-3/8 DUOLINE INJECTION TUBING. CIRC PKR FLUID. ND BOP. TEST ANNULUS TO 300 PSI F/30 MINUTES.												
PLACE WELL ON INJECTION												
	PLACE WE	LL ON INJ	ECTION									
I hereby certif	fy that the informa	tion above is tr	rye)and complete	to the best of	my knowledge and belie TECHNICAL AS		DATE	<del></del>	2/18/92			
		AUTA 1					. <del></del>	***	15)687-7	136		
TYPE OR PRI	NT NAME	NITA I	NICE			·····	TELEPHO					
			BY JERRY S					ŗ	FEB 22	1993		
APPROVED BY AKTRICT I SUBSEVISOR TITLE CONDITIONS OF APPROVAL, IF ANY:							DATE					
CONDITIONS	OF APPROVAL, I	r ANY:										