

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 88241-1980

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.

30-025-04929

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

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:

OIL
WELL ☐

GAS
WELL ☐

OTHER ☐ INJECTION

2. Name of Operator

Chevron U.S.A. Inc.

3. Address of Operator

P.O. Box 1150, Midland, TX 79702

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

8. Well No.

132

9. Pool name or Wildcat

ARROWHEAD; GRAYBURG

4. Well Location

Unit Letter K : 1980 Feet From The SOUTH Line and 1980 Feet From The WEST Line

Section 36 Township 21S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3521'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

CHEVRON U.S.A., INC. PROPOSES TO:

POH W/INJ EQPT. SEND PKR TO BE REDRESSED. CLEAN OUT FILL TO 3846' (PBTD). ACZ EXISTING
PERFS W/1500 GALS 15% RESISOL II. SET CIBP @ 3736'. SET CICR @ 3635'. SQ 3668'-3726'
W/300-500 SX NITRIFIED CMT. DRILL OUT CICR AND CMT. TEST SQ 500 PSI. DRILL OUT CIBP AND
CLEAN OUT SAND TO 3846'. RIH W/INJ EQPT. RETURN WELL TO INJECTION.

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

SIGNATURE

J. K. Ripley

TITLE TECHNICAL ASSISTANT

DATE 2/24/97

TYPE OR PRINT NAME J. K. RIPLEY

TELEPHONE NO. (915)687-7148

(This space for State Use)

ORIGINAL SIGNED BY
[Signature]
FIELD REPRESENTATIVE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 28 1997