

Submit 3 Copies
to Appropriate
District Office

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 0d, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells)

30-025-04929

6. Indicate Type of Lease

STATE



FEE



6. State Oil & Gas Lease No.

N/A

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

GAS

WELL



WELL



OTHER

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

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 GE

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



ALTER CASING



COMMENCE DRILLING OPNS.



PLUG AND ABAN.



CASING TEST AND CMT JOB



OTHER: RUN LINER, PERF, ACDZ. Convert to dry.

R-9483



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.

ISOLATE CSG LEAK 460-570.
SQZ LEAK W/300 SX. CMT. DRILL OUT CMT.
DRILL FORMATION TO 3944.
LOG HOLE: SDL-DSN-GR-CAL-CCL-DLL.
CMT W/25 SXS. DRILL OUT CMT TO 3846.
RUN 4 1/2" LINER, 11.60#, K-55 TO 3846'.
PUMP 525 SXS. CMT. DRILL OUT CMT, SQZ 4 1/2" LINER, DRILL OUT.
PERF 3838-3693, ACDZ PERFS, SWB/TST.
TST/CSG TO 320 PSI-OK
BEGIN INJECTING.
WORK STARTED 9-12-91 WORK ENDED 10-07-91

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

SIGNATURE P.R. Matthews

TITLE TECH. ASSISTANT

DATE: 10-10-91

TYPE OR PRINT NAME P.R. MATTHEWS

TELEPHONE NO. (915)687-7812

APPROVED BY [Signature] TITLE [Signature]

DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: