Submit 3 Copies to / appropriate
District Office

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		Mc. 126 1-1-93
DISTRICT I			
P.O. Box 1980, Hobbs NM 88241-1980 <u>DISTRICT II</u>			WELL API NO. 30-025-04930
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			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.)			7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL	OTHER INJECTOR		ARROWHEAD GRAYBURG UNIT
2. Name of Operator	OTHER INSECTOR		8. Well No.
Chevron U.S.A. Inc.			126
3. Address of Operator P.O. Box 1150, Midland, TX	79702		9. Pool name or Wildcat ARROWHEAD; GRAYBURG
4. Well Location Unit Letter E : 1980	Feet From TheNORTH	Line and 66	20
			Feet From The WEST Line
Section 36	Township 21S Ra 10. Elevation (Show whether	er DE RKR RT GR etc	NMPM LEA County
	(/////)		
11. Check App	propriate Box to Indicate		
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	ABANDON CHANGE PLANS COMMENCE DRILLING		
PULL OR ALTER CASING	CASING TEST AND CEI		
OTHER:	OTHER: RAN LINER		
12. Describe Proposed or Completed Opera work) SEE RULE 1103.	ntions (Clearly state all pertinent deta	ails, and give pertinent dat	es, including estimated date of starting any proposed
POH W/INJ EQPT. RAN CSG SQZD W/300 SX. DRLD CMT TO 680'; CIRC CLEAN. SWA RIH W/INJ TBG, PKR SET @	SCRAPER TO 3120'. SWABBED TO 725'; CIRC CLEAN. SWAB BBED. RIH W/4.3 POLYBORE 3701'. RETURNED WELL TO I	BED. RESQZD W/100 LINER SURF - 2737') SX. DRLD CMT
WORK PERFORMED 12/12/97 -	3/11/98		
I hereby certify that the information above is true	and complete to the best of my knowledge	and belief.	
SIGNATURE J.K. KIPL	4 TITLI	E TECHNICAL ASSIST	ANT DATE3/25/98
TYPE OR PRINT NAME J. K. RIPLEY	<u> </u>		TELEPHONE NO. (915)687-7148
(This space for State Use)	104/6		710
APPROVED BY DISTINGUISH	S WILLIAMS Un LAVISOR		
*** * *** * * * * * * * * * * * * * *	TITLE	:	

