Submit 3 Copies to Appropriate

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	<b>53</b> /	•		Keviseu i	-1-07	
DISTRICT I P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATIO		WELL API NO.			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088			30-025-04930 5. Indicate Type of Lease			
DISTRICT III				STATE 🗌	FEE X	
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 GAS WELL GAS		CTOR	ARROWHEAD GRAYBURG UNIT			
2. Name of Operator			8. Well No.			
Chevron U.S.A. Inc.  3. Address of Operator				126 9. Pool name or Wildcat		
P.O. Box 1150, Midland, TX 79702			ARROWHEAD; GRAYBURG			
4. Well Location Unit Letter E: 1980	Feet From The NORTH	Line and 660	Feet From	The WEST	Line	
Section 36	Township 21S Ra	inge 36E N	тмрм	LEA	County	
		er DF, RKB, RT, GR, etc.)				
11. Check Ap	propriate Box to Indicate	Nature of Notice, I	Report, or O	ther Data		
	ITENTION TO:	1	-	REPORT OF	·:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X	ALTERING CASING	Г	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING				PLUG AND ABANDON	NMENT [	
PULL OR ALTER CASING CASING TEST AND CE					WILLIAM E	
OTHER: OTHER:					Γ	
12. Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent deta	ails, and give pertinent dates	s, including estima	ted date of starting an	y proposed	
SAND, TAGGED @ 3661 "C". PPD 300 SX CL	. "C" @ 940', TAGGED @ 215'. TTOM LEAK @ 672', TOP LEAK	SET CICR @ 3685', I DRILLED CMT 215'	ESTAB INJ RAT -950'. DRILL	E. PPD 175 SX ED CICR & CMT T	CL O	
WORK PERFORMED 7/8/	97 - 7/24/97					
I hereby certify that the information above is	ie and complete to the best of my knowledge	and belief.			<del></del>	
SIGNATURE	<del>//</del>	E TECHNICAL ASSISTA	ANT	date9/11	./97	
TYPE OR PRINT NAME J. K. RIPLEY	<u>/</u>	<del></del>	Т	ELEPHONE NO. (915)6	587-7148	
(This space for State Use) HIGINAL SIGNI DISTRIC	ED BY CHRIS WILLIAMS TISUPERVISOR					
APPROVED BY	TITE	E.		DATE		