

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 1880, Hobbs, NM 88240

DISTRICT II

P.O. Drawer Dd, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, Nm 87410

API NO. (assigned by OCD on New Wells)	30-025-04930
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	N/A
7. Lease Name or Unit Agreement Name	ARROWHEAD GRAYBURG UNIT
8. Well No.	126
9. Pool name or Wildcat	ARROWHEAD/GB
10. Elevation(Show whether DF, RKB, RT, GR, etc.)	3537' GL

**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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER INJECTOR

2. Name of Operator  
CHEVRON U.S.A. INC.

3. Address of Operator  
(915) 687-7436  
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location  
Unit Letter E : 1980 Feet From The NORTH Line and 660 Feet From The WEST Line  
Section 36 Township 21S Range 36E NMPM LEA County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)  
3537' GL

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: POLYMER TREAT ☒

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.

WORK PERFORMED 9-22 THRU 9-23-93  
RUN INJECTION PROFILE LOG. PMP 15% NEFE HCL ACID TO CLEAN TBG.POLYMER TREAT WITH  
731 BBLs OF 2-3 LB/BBL POLYMER SOLUTION. FLUSH. SWI FOR 4 DAYS.  
RETURN WELL TO INJECTION.

INJECTING 1190 BWPd AT 216 PSI

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 11/3/93

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON  
CONDITIONS OF APPROVAL, IF ANY: DISTRICT I SUPERVISOR

DATE NOV 17 1993