

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 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	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator CHEVRON U.S.A. INC.	
3. Address of Operator 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' GR	

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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: **PULL PROD TBG & PMP & INSTALL INJ TBG & PACKER**

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABAN. ☐
CASING TEST AND CMT 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.

WE PROPOSE TO:

POH W/RODS & PMP, ND WH, NU BOP. RIH WITH PLASTIC COATED INJECTION PACKER
& 2-3/8 LINED INJ TBG TO 3690' & SET PACKER. CIRC PKR FLUID, ND BOP
NU WH, TEST ANNULUS TO 300 PSI F/30 MINUTES
PLACE WELL ON INJECTION

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: 12/9/92

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

APPROVED BY Paul Kanta TITLE Geologist DATE DEC 11 1992

CONDITIONS OF APPROVAL, IF ANY: