

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



FEE



6. State Oil &amp; Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

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.

8. Well No.

126

3. Address of Operator

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

9. Pool name or Wildcat

ARROWHEAD GB/SA

4. Well Location

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

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

3544 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: ☒

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.

MIRU, POOH W/PRODUCTION EQUIPMENT.  
TEST CASING TO 500 PSI-OK.  
DRILL TO 3890 GL,  
LOG HOLE:SDL-DSN-GR-CALIPER-CCL.  
DRILL TO 3910'.  
ACDZ 3693'-3910' W/20 BBLS., 15% NEFE. SWB/TST  
TIH W/PRODUCTION EQUIPMENT.  
RETURN TO PRODUCTION.  
WORK STARTED 10-11-91 WORK ENDED 10-17-91.

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. ASSISTANTDATE: 10-18-91TYPE OR PRINT NAME P.R. MATTHEWSTELEPHONE NO. (915)687-7812

ORIGINAL MONITORED BY JERRY SEXTON

APPROVED BY JERRY SEXTON TITLE

DATE

OCT 28 1991

CONDITIONS OF APPROVAL, IF ANY: