

Submit - Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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.)		WELL API NO. 30-025-04932
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Chevron U.S.A. Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 1150 Midland, TX 79702		7. Lease Name or Unit Agreement Name: ARROWHEAD GRAYBURG UNIT
4. Well Location Unit Letter C : 660 feet from the NORTH line and 1980 feet from the WEST line Section 36 Township 21S Range 36E NMPM County LEA		8. Well No. 119
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3502'		9. Pool name or Wildcat ARROWHEAD; GRAYBURG

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

POH W/INJ PKR. DO 3799'-3801'; WASHED TO 3846'. ACZD OH W/3000 GALS 15%. RTH
W/PKR TO 3593'. RAN MIT. RETURNED TO INJECTION.

WORK PERFORMED 4/16/01 - 4/18/01

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

SIGNATURE J. K. Ripley TITLE REGULATORY O.A. DATE 4/27/01

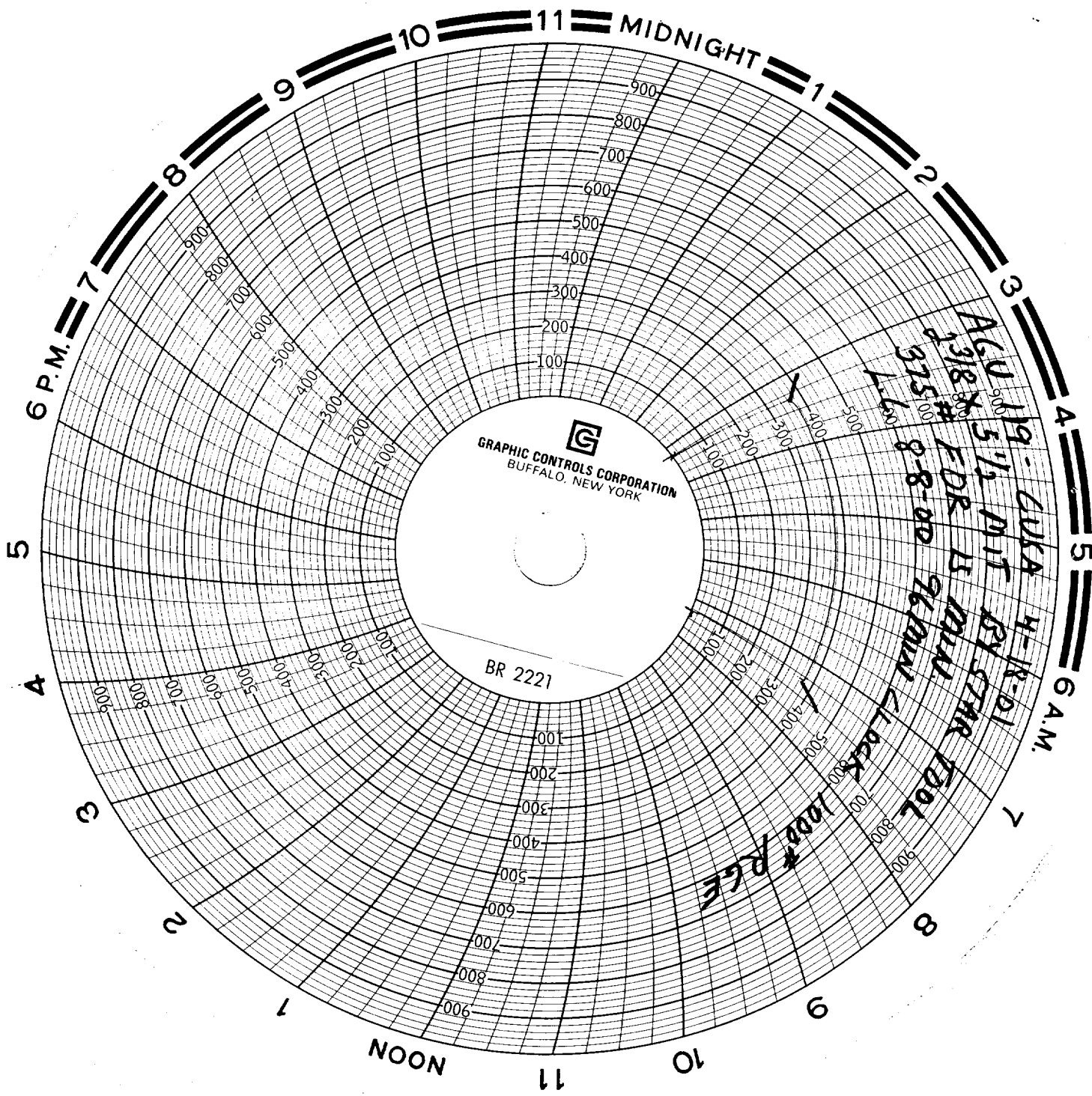
Type or print name J. K. RIPLEY Telephone No. (915) 687-7148

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any:

ICS



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

BR 2221

19 - CUKA 4-18-01
5:15 PM BY STAR 1000
#1318 FDR IS MU
935.00 8-8-00 76mm
1000 RCE