Submit 3 Copies

State of New Mexico

District Office	energy, Minerals and Nat	ural Resources Department	Rev	vised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-04932		
P.O. Drawer DD, Artesia, NM 88210	Santa re, New M	exico 87504-2088	5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM -87410			STATELX	S FEE
			6. State Oil & Gas Lease No. N/A	
SUNDRY NOT	TICES AND REPORTS ON	WELLS		
(DO NOT USE THIS FORM FOR PE DIFFERENT RESE	ERVOIR. USE "APPLICATION R	OR PERMIT	7. Lease Name or Unit Agreement	Name
1. Type of Well:	C-101) FOR SUCH PROPOSALS	S.)	ARROWHEAD GRAYBURG	UNIT
OIL GAS WELL	OTHER I	NJECTOR		
2. Name of Operator CHEVRON U.S.A. INC.			8. Well No. 119	
3. Address of Operator			11/	
P.O. BOX 1150 MIDLAN	ND, TX 79702 ATTIM, T	P MATTURUS	9. Pool name or Wildcat ARROWHEAD GB	
·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··				·
	Feet From The NORTH	Line and 1980	Feet From The WEST	Li
Section 36	Township 21S	Range 36E	NMPM LEA	
	10. Elevation (Show w 3502 ge	hether DF RKR RT GR atc.)	MWFWI	County
II. Check	/////X			
NOTICE OF IN	Appropriate Box to India			_
		SUB	SEQUENT REPORT OF	= ;
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CAS	ing [
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABA	ANDONMENT
ULL OR ALTER CASING		CASING TEST AND CEM		
OTHER:		DEEPEN, I	LOG, PERF AND ACDZ.	. w.t.+ X
12. Describe Proposed or Completed Co.		OTHER.		4 · R · 948
 Describe Proposed or Completed Operawork) SEE RULE 1103. 	mons (Clearly state all pertinent dell	ails, and give pertinent dates, inclu	ting estimated date of starting any prope	osed
MIRU, CLEAN OUT FILE	L TO TD AT 3800'.			
DEEPEN WELL FROM 380	_	LOGS AND POOH.		
LOG HOLE: SDL-DSN-C				
TIH WITH PACKER AND			.5% NEFE, SWAB BACK.	
PERF WITH 4" GUNS,2 ACDZ AT 3590' WITH			1_5	
			ER FLUID AND TEST TO	300#
TESTED GOOD TO 300#	FOR 30 MINS.			<i>y</i> = 4.1
RIB DOWN AND MOVE OU	JT ON 2-5-92.			
hereby certify that the information above is true				
ρ_{A}	<i>لا</i> د	ge and belief. THETECHNICAL_ASS]	ISTANT DATE 02-1	1-92
TYPE OR PRINT NAME P.R. MATTHE	·	- mrs Thornton Hob		
			TELEPHONE NO.	.687-7812
(This space for State Lise)	THE THE THON			n
APPROVED BY	· i	_ TTI F		B 14 37
CONDITIONS OF APPROVAL, IF ANY:		- IIILE	DATE	- ,,,, ,

PRN

