

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-04933
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	B-1732-1
7. Lease Name or Unit Agreement Name	ARROWHEAD GRAYBURG UNIT
8. Well No.	127
9. Pool name or Wildcat	ARROWHEAD; GRAYBURG
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Chevron U.S.A. Inc.

3. Address of Operator
P.O. Box 1150, Midland, TX 79702

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

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 ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ACZD, SQZD ☒

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.

POH W/PROD EQPT. ACZD OH @ 3709' W/3000 GALS RSII. SPOTTED 1450# SAND @ 3703', TAGGED @ 3704'. SET CIGR @ 3612'; PPD 500 SX CL "C" (462 SX IN FORM). DRILLED CIGR & CMT TO 3704'; TSTD 300#. PPD 100 SX CL "C" @ 3616' (68 SX IN FORM). DRILLED CMT TO 3720'; WASHED SAND TO 3826'. RIH W/TBG, PUMP & RODS; TBG @ 3792'. RETURNED WELL TO PRODUCTION.

WORK PERFORMED 7/31/97 - 8/13/97

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

SIGNATURE J. K. Ripley TITLE TECHNICAL ASSISTANT DATE 10/20/97
TYPE OR PRINT NAME J. K. RIPLEY TELEPHONE NO. (915)687-7148

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: