

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION

Form C-103
Revised 1-1-89

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

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

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.)		API NO. (assigned by OCD on New Wells) 30-025-04938
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER 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. N/A
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE		7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT
4. Well Location Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 36 Township 21S Range 36E NMPM LEA County		8. Well No. 141
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3544' GR		9. Pool name or Wildcat ARROWHEAD/GB
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/> CASING TEST AND CMT JOB <input type="checkbox"/> OTHER: RUN INJECTION TUBING & PACKER <input checked="" type="checkbox"/> CONVERT TO WATER INJECTOR

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.

WORK PERFORMED 12-18-92 THRU 12-22-92-15 THRU 9-23-92
MILLU, POH W/RODS & PM.P. ND WH, NU BOP, HYDROTST 2-3/8 DUOLINE TBG IN HOLE.
SET PKR @ 3629, REVERSE CIRC 150 BBLs PKR FLUID, ND BOP, NU WH.
PRES TST ANNULUS TO 300 PSI, HELD 280 PSI F/30 MINUTES. PRESSURE
TEST WH TO 3000 PSI. 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: 2/23/93

TYPE OR PRINT NAME NITA RICE

TELEPHONE NO. (915)687-7436

APPROVED BY JOHN J. SEXTON TITLE MANAGER

DATE FEB 26 1993

CONDITIONS OF APPROVAL, IF ANY:

MP
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