Submit 3 Copies to Appropriate District Office

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

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

WELL API NO.

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
ARROWHEAD GRAYBURG UNIT

1. Type of Well:
OIL WELL [ ] GAS WELL [ ] OTHER INJECTOR

2. Name of Operator
CHEVRON U.S.A. INC.

8. Well No. 143

3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: R. MATTHEWS RM 4115-A

9. Pool name or Wildcat
ARROWHEAD / GRAYBURG

4. Well Location
Unit Letter O : 330 Feet From The South Line and 2310 Feet From The EAST Line

Section 36 Township 21S Range 36E NMPM LEA County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)
3509 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER: DEEPEN, LOG, PERF, ACDZ			[X]

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/PROD EQUIP, TIH W/RBP TST/CSG TO 600 PSI-OK. C/O FILL 3804-3810 - DRLG NEW FORMATION 3810-3880. (4¾" Hole) RUN LOGS: GR-CNL-LDT-DLL. PERF 3641-3678 W/4" HSC GUNS. 2 JHPF 180° PHSG 44 Holes, ACDZ 3641-3678 W/500 GALS 15% NEFE, ACDZ 3672-78 & OH 3711-3880 W/500 GALS 15% NEFE. SWB/TST. TST/CSG TO 300 PSI - OK. TIH W/PROD EQUIP RETURN TO PRODUCTION. 6/28/91

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

SIGNATURE [signature] TITLE Prod. Engr. DATE 7-2-91

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

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