

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

API NO. (assigned by OCD on New Wells)

30-025-21620

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

8. Well No.

107

9. Pool name or Wildcat

ARROWHEAD GRAYBURG

**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.)

1. Type of Well:

OIL

GAS

WELL ☒

WELL ☐

OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE

4. Well Location

Unit Letter

H

1650

Feet From The

NORTH

Line and

330

Feet From The

EAST

Line

Section

25

Township

21 SOUTH

Range

36E

NMPM

LEA

County

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

3511' GL

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:

C/O,ADD PERFS,SWAB

☒

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK

☐

ALTER CASING

☐

COMMENCE DRILLING OPNS.

☐

PLUG AND ABAN.

☐

CASING TEST AND CMT 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.

WE PROPOSE TO: MIRU, ND WH, NU BOP, POOH W/TBG. CLEAN OUT TO 3950'.

RUN GR/CCL LOG F/3950'-3500'. PERF 3839'-42', 3849'-52', 12 HOLES.

ACDZ EACH SET OF NEW PERFS W/2 BBLS ACID. SWAB BACK.

PERF W/2JHPF F/3672'-3829'. ACDZ EACH SET W/2 BBLS ACID. SWAB BACK LOAD.

RIH W/TBG. ND BOP, NU WH. TURN WELL OVER TO PRODUCTION.

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

SIGNATURE

*Wendi Kingston*

TITLE

TECH. ASSISTANT

DATE:

05/10/94

TYPE OR PRINT NAME

WENDI KINGSTON

TELEPHONE NO. (915)687-7436

ORIGINAL SIGNED BY JERRY LEXTON

APPROVED BY

DISTRICT I SUPERVISOR

TITLE

DATE

MAY 13 1994

CONDITIONS OF APPROVAL, IF ANY: