Submit 3 Copies to Appropriate District Office

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
Revisied 1-1-89

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) 30-025-23324

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 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. 106

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

9. Pool name or Wildcat ~~BRINKARD-ABO~~ Arrowhead Gb

4. Well Location
Unit Letter G : 2105 Feet From The NORTH Line and 1650 Feet From The EAST Line
Section 25 Township 21S Range 36E NMPM LEA County

10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3528 GE

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTER CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABAN.	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CMT JOB	[ ]		
OTHER:	[ ]			OTHER: CONVERT TO INJECTION	[X]		

12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including esticated date of starting any proposed work) SEE RULE 1103.

MIRU, POOH WITH TBG. SET CICR AT 3698, PUMP 150 SXS. CMT INTO CICR.
DRILL OUT CMT AND CICR TO 3875'.
PERF AT 3864-66 & 3844-50.
SPOT ACID ACROSS PERFS AT 3866-3844.
PERF AT 3770-80, 3754-61, 3712-23, 3680-97, 90 HOLES.
ACIDIZE PERFS WITH 15% NEFE, SWAB BACK.
TIH AND SET CICR AT 3858, PUMP 50 SXS. CMT INTO CICR.
PERF AT 3820-3697,156 HOLES.
ACIDIZE PERFS WITH 1100 GALS OF 15% NEFE. SWAB BACK ACID.
TIH WITH INJ. PACKER AND TBG. SET PACKER AT 3633.
LOAD BACKSIDE AND TEST TO 360 PSI FOR 30 MINS.-OK.
CONVERT TO INJECTION ON 8-10-92.

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

SIGNITURE P. R. Matthews TITLE TECH. ASSISTANT DATE: 8-27-92

TYPE OR PRINT NAME P.R. MATTHEWS TELEPHONE NO. (915)687-7812

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT I SUPERVISOR TITLE DATE AUG 31 '92

CONDITIONS OF APPROVAL, IF ANY:

6 P.M.
MIDNIGHT
6 A.M.
NOON
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
BR 2221
1992

CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL
PRESSURE TEST REPORT
NEW MEXICO

1. LEASE NAME: AGU

2. WELL NO: 106 WI

3. LOCATION: UNIT G SEC 25 T 21S R 36E

4. COUNTY: Lea

5. REASON FOR TEST:
   - X INITIAL TEST PRIOR TO INJECTION
   - ____ AFTER WORKOVER
   - ____ FIVE YEAR TEST
   - ____ OTHER (SPECIFY)____

6. DATE OF TEST: 8-10-92

7. TEST PRESSURE:

TIME	TUBING	CASING	SURFACE CASING
INITIAL	Open	360	Ø
15 MIN.	Open	360	Ø
30 MIN.	Open	360	Ø

8. TEST WITNESSED BY OCD: ____YES X NO
   IF YES, NAME OF OCD REP.____

9. OPERATOR COMMENTS ON TEST: Circ. Pkr fluid Engage on & off Tool & TST.

10. WELL STATUS:
    X ACTIVE ____TEMPORARILY ABANDONED ____OTHER (SPECIFY)____

11. CHEVRON REPRESENTATIVE: Bobby E Cone (NAME) Workover Rep (TITLE)

Bobby E Cone
SIGNATURE