

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
Revised 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)	
30-025-23939	
6. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
N/A	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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 O : 660 Feet From The SOUTH 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.) 3525.3' GL	
7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT	
8. Well No. 115	
9. Pool name or Wildcat ARROWHEAD GRAYBURG	

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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: PB F/BLINEBRY TO GRAYBURG ☒

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: RU WIRELINE. SET CIBP @5490', DUMP 20'(3 SX) ON TOP.
SET CIBP @5160', DUMP 20'(3 SX) ON TOP. RD WIRELINE.
MIRU PU, ND WH, NU BOP. RIH W/CICR TO 3860'. CMT SQZ PERFS 3871'-3916'.
PERF 3849'-51', 3686'-89'. ACDZ EACH SET OF PERFS W/2 BBLS ACID.
SWAB. ND BOP. NU WH. RD MO. 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: 06/08/94
TYPE OR PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7436

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

ORIGINAL TO BE FILED IN THE
DISTRICT OFFICE FOR

JUN 15 1994

RECEIVED

JUN 09 1994

CD ROOMS
OFFICE