

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 ☐

FEE ☒

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

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 ☐ GAS ☐
WELL ☐ WELL ☐ OTHER ☐ INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

115

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat

ARROWHEAD/GB

4. Well Location

Unit Letter 0 : 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 GE

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: SQZ, PERF, LOG AND ACIDIZE ☒

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.

IT IS PROPOSED TO:

SQUEEZE PERFORATIONS AT 3871'-3916'.

LOG WELL, ADD PERFS AND ACIDIZE AS NEEDED.

CONVERT TO INJECTION.

WELL FORMER NAME: KINGWOOD #2

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

SIGNATURE P.R. Matthews TITLE TECH. ASSISTANT

DATE: 6-26-92

TYPE OR PRINT NAME P.R. MATTHEWS

TELEPHONE NO. (915)687-7812

APPROVED BY P.R. MATTHEWS TITLE TECH. ASSISTANT

DATE

JUL 01 '92

CONDITIONS OF APPROVAL, IF ANY: