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to Appropriate

State of New Mexico E

Form C-103 Revisied 1-1-89

State of Hew Moxico										
nergy,	Minerals	and	Natural.	Pasc	ources	Departme	ent			
311 <i>(</i>	ONCE	:DV	ATIO	RI F	<b>NIV/I</b> 0	IAOIS				

District Office		OIL CONSERV	ATION DIVISION					
			Box 2088					
DISTRICT I			ew Mexico 87504-2	088				
P.O. Bex 1980, Hobb	s, NM 88240	•						
DISTRICT II					_	ed by OCD on New Wo	alto)	
P.O. Drawer Dd, Arter	nia, NM 88210				30-025-23	3949		
DISTRICT III 1000 Rio Brazos Rd.,	Aztec, Nm 87410				5. Indicate Ty	pe of Lease STATE	FEE[	
					6. State Oil &	Gas Lease No.		
					N/A			
	SUNDRY NO	TICES AND REPOR	TS ON WELLS		Michigan da de la companya della companya della companya de la companya della com	Madhiiddallalla	andilana andi	
(DO	NOT USE THIS FORM FOR PE			C TO A	7. Lesse Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT			
	• •	RVOIR. USE "APPLICA						
	(FORM C-10	01) FOR SUCH PROPOSA	ALS.)					
1. Type of Well:	046							
WELL X	GAS WELL	OTHER						
		O THERE			8. Well No.			
2. Name of Operator	EVRON U.S.A. INC.					108		
3. Address of Opera					9. Pool name or Wildcat			
P.O. BOX 115	0 MIDLAND, TX 79702	ATTN: NITA RICE			ARROWHEAD GRAYBURG			
4. Well Location		2310 Feet From 1	ne SOUTH	Line and	80	00 Feet From The	EAST	Line
Unit Letter Section	·	Township	21 SOUTH	Range	36E		.EA	County
W. 1919			ion(Show whether DF, RKB, RT, G	R, etc.)	<del></del>		a displace a sistema	
			3526'			iin adiinikkaa	gagan consuga Middana iya ya	annanana. Tahun
11			lature of Notice, Report, or C					
NO	TICE OF INTENTION TO	):	SUBSEQ	UENT REI	PORT OF:		_	_
PERFORM REMEDIAL	WORK PLUG AND A	BANDON	REMEDIAL WORK			ALTER CASING	<u> </u>	
TEMPORARILY ABAN	DON CHANGE PLA	NS	COMMENCE DRILLING OPNS	· L	j	PLUG AND ABAN	· L	
PULL OR ALTER CAS	ING	<del></del>	CASING TEST AND CMT JOE	· [				
OTHER: C/C	ADD PERFS, ACDZ		OTHER:					X
	ed or Completed Operations(Clearly starting any proposed work) SEE RU		d give pertinent dates, including					
	WORK STARTED 10/17				<b>·</b> •			
	ACDZ PERFS W/2 BBLS			NH.				
	TURN WELL OVER TO	PRODUCTION 10/2	20/94.					
	,							
	11.						<del></del>	
I hereby certify that	be in the patient and line true and con	mphyte to the best of my kno	wiedge and belief.	_	DATE.	11/14/94		

TECH. ASSISTANT WENDI KINGSTON TELEPHONE NO. (915)687-7826 TYPE OR PRINT NAME Orig. Signed by Paul Kautz NAV 1 6 1994 DATE TITLE APPROVED BY Geologist

CONDITIONS OF APPROVAL, IF ANY: