

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) <b>30-025-23995</b>	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name <b>ARROWHEAD GRAYBURG UNIT</b>	
8. Well No. <b>116</b>	
9. Pool name or Wildcat <b>ARROWHEAD GRAYBURG</b>	

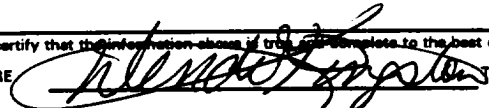

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"  
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>	
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>	
4. Well Location Unit Letter <b>P</b> : <b>990</b> Feet From The <b>SOUTH</b> Line and <b>790</b> Feet From The <b>EAST</b> Line Section <b>25</b> Township <b>21 SOUTH</b> Range <b>36E</b> NMPM <b>LEA</b> County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3528' GL</b>	

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER: <b>C/O,ADD PERFS,ACDZ</b> <input checked="" type="checkbox"/>	
<b>SUBSEQUENT REPORT OF:</b>	
REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
CASING TEST AND CMT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

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

WE PROPOSE TO: MIRU PU, ND WH, NU BOPE. CMT SQZ PERFS F/3666'-3682'. PERF F/3688'-3864'. ACDZ EACH SET OF PERFS W/2 BBLS ACID. SWAB. RIH W/TBG, ND BOPE, NU WH. RD MO PU. TURN WELL OVER TO PRODUCTION.

I hereby certify that the information shown is true and complete to the best of my knowledge and belief.	
SIGNATURE 	TITLE <b>TECH. ASSISTANT</b>
DATE: <b>10/10/94</b>	
TYPE OR PRINT NAME <b>WENDI KINGSTON</b>	TELEPHONE NO. <b>(915)687-7826</b>
APPROVED BY 	TITLE <b>DATE</b>
CONDITIONS OF APPROVAL, IF ANY:	

**OCT 12 1994**