Form C-103

Submit 3 Copies

State of New Mexico

to Appropriate	- ,	ural Resources Department	WeAisted 1-1-88
District Office	OIL CONSERVAT	TION DIVISION	
	P.O. Box	k 2088	
DISTRICT I	Santa Fe, Nev	v Mexico 87504-2088	
P.O. Box 1980, Hobbe, NM 8824			
DISTRICT_II			API NO. (sesigned by OCD on New Wells)
P.O. Drawer Dd, Artesia, NM 882	210		30-025-24105
DISTRICT III			5. Indicate Type of Lasee
1000 Rio Brazos Rd., Aztec, Nm	87410		STATE X FEE
			6. State Oil & Gas Lease No.
			N/A
	SUNDRY NOTICES AND REPORTS	ON WELLS	
IDO NOT US	THIS FORM FOR PROPOSALS TO DRILL OR TO		7. Lease Name or Unit Agreement Name
(DO NOT USE	DIFFERENT RESERVOIR. USE "APPLICATION	ON FOR PERMIT"	ARROWHEAD GRAYBURG UNIT
	(FORM C-101) FOR SUCH PROPOSALS		
1. Type of Well:	(i craii c rot, rot c c rot)		1
OIL	GAS		
WELL X	WELL OTHER INJECT	ror .	
2. Name of Operator			B. Well No.
CHEVRON	U.S.A. INC.	128	
3. Address of Operator		9. Pool name or Wildcat	
P.O. BOX 1150 MIDL	AND, TX 79702 ATTN: WENDI KING	STON	ARROWHEAD GRAYBURG
4. Well Location	G : 1650 Feet From The	NORTH Line and	2013 Feet From The EAST Line
Unit Letter	G : 1650 Feet From The	21S Range	36E NMPM LEA County
Section		Show whether DF, RKB, RT, GR, etc.)	
		3498' GL	
	Check Appropriate Box to Indecate Nati	ure of Notice Report or Other Data	
NOTICE O	F INTENTION TO:	SUBSEQUENT R	EPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTER CASING
		COMMENCE DRILLING OPNS.	PLUG AND ABAN.
TEMPORARILY ABANDON	CHANGE PLANS	· · · · ·	
PULL OR ALTER CASING	□	CASING TEST AND CMT JOB	LI SEMBLY
OTHER:		OTHER: INSTALL PKR ASS	SEWRLA IV
	pleted Operations(Clearly state all pertinent details, and g	ive pertinent dates, including	
esticated date of starting an	y proposed work) SEE RULE 1103.		
		AULDOD DOLLAWEDS SET	C C IN I DVB
WORK ST	ARTED 09/27/94. MIRU PU. ND WH	, NU BUP. PUH W/IBG. SEI	מיט וואט דאת

AT 3620', SET HYDRO ISOLATION PKR AT 3690'. ND BOP, NU WH. TURN WELL OVER TO PRODUCTION 09/28/94.

9 /				
I hereby certify that the informat SIGNITURE	OF STATE OF THE ST	wledge and belief. TECH. ASSISTANT	DATE:	10/25/94
TYPE OR PRINT NAME	WENDI KINGSTON		TELEPHONE NO.	(915)687-7826
OPIGINAL SIGN, IN 29 USRRY SEXTOR DISTRICT E DUPRRYISOR TITLE		DATE OCT 27 1994		
CONDITIONS OF APPROVAL, IF	ANY:			