

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-025-31234

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG  
UNIT

1. Type of Well:  
OIL WELL ☐ GAS WELL ☐ OTHER WSW

2. Name of Operator  
CHEVRON U.S.A. INC.

8. Well No.  
600

3. Address of Operator  
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat  
SAN ANDRES WATER SUPPLY

4. Well Location  
Unit Letter P : 1220 Feet From The SOUTH Line and 1220 Feet From The EAST Line  
Section 35 Township 21S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3559 GR

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: DRILLING SUMMARY ☒

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.

DRILL AND SURVEY FROM 4132-5000, TD 7 7/8" HOLE AT 06:30 HRS. ON 8-12-91.  
CONDITION HOLE.

RUN LOGS: NEUTRON-DENSITY-SONIC, GR.

ND BOPE, NU B-1 ADAPTER.

RIG RELEASED 06:00 ON 8-13-91.

WORK STARTED 7-1-91 WORK ENDED 8-13-91.

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

SIGNATURE P.R. Matthews

TITLE TECHNICAL ASSISTANT

DATE 8-13-91

TYPE OR PRINT NAME P.R. MATTHEWS

TELEPHONE NO. 687-7812

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: