

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

8. Well No.
600

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

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 LEA NMPM 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:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐ CASING TEST AND CEMENT JOB ☐
OTHER: ☐ 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.

MIRU, SPUD 14 3/4" HOLE ON 7-2-91 AT 05:30 HRS.
DRILL AND SURVEY FROM 4'-1315', TD 14 3/4" HOLE AT 03:45 HRS. ON 7-04-91.
CONDITION HOLE, RU AND RUN 32 AND 1 CUT JTS. OF 11 3/4", 42#, H-40, ST & C CASING., FC AT 1276. PUMPED 1000 SXS. CMT. AND CIRC 320 SXS.
TEST BOP- OK . WOC 39 HRS.
DRILL OUT FLOAT WITH 11" BIT AND CONTINUE TO DRILL FORMATION.

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

SIGNATURE M. E. Kim TITLE DRILLING SUPT. DATE 8-01-91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: