State of New Mexico

Form C-103

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to Appropriate District Office	Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-31306 5. Indicate Type of Lease STATE FEE	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240				
DISTRICT II				
P.O. Drawer DD, Artesia, NM 88210				
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		6. State Oil & Gas Lease No.		
	TCES AND REPORTS ON WELLS			
DIFFERENT RESE (FORM C	OPOSALS TO DRILL OR TO DEEPEN OF RVOIR. USE "APPLICATION FOR PERMI >-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit Agreement Name	
1. Type of Well: ORL GAS WELL	OTHER Injecto			
2. Name of Operator	211,000	OE	Arrowhead Grayburg Unit 8. Well No.	
Chevron U.S.A., Inc. 3. Address of Operator	·		9. Pool name or Wildcat	
P. O. Box 1150, Midl	and my 79702			
4. Well Location	.and, TX /9/02		Arrowhead Grayburg	
Unit Letter K: 1	930 Feet From The South	Line and 1860	O Feet From The West Lin	
Section 25	Township 21S Range ////// 10. Elevation (Show whether DF.		NMPM Lea County	
	10. Elevation (show whether Dr.)			
11. Check	Appropriate Box to Indicate Na		eport, or Other Data	
NOTICE OF IN	TENTION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON . R	EMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	OMMENCE DRILLING	GOPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING	_ c	ASING TEST AND CE	EMENT JOB	
OTHER:	\Box	THER: Initial	Report of Injection	
	ntions (Clearly state all pertinent details, and g			
work) SEE RULE 1103.				
3/2/92: Injection rate 0 psi, well is	-	ion was 1062 F	BWPD; injection pressure was	
I haraby certify that the information above is tr	ne and complete to the best of my knowledge and belie			
SECNATURE GIK. Riply	is and complete to the best of my knowledge and belief	f. Technical As		
SKINATURE GTK, Riply TYPE OR PRINT NAME	Tme -		ssistant DATE 3/3/92 TELEPHONE NO.	
TYPE OR PRINT NAME (This space for State Use) Paul	me -			