

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)

30-025-31306

6. Indicate Type of Lease

STATE ☐

FEE ☒

8. State Oil & Gas Lease No.

N/A

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

GAS

WELL ☐

WELL ☐

OTHER

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

8. Well No.

110

9. Pool name or Wildcat

ARROWHEAD

4. Well Location

Unit Letter K : 1860 Feet From The WEST Line and 1930 Feet From The SOUTH Line
Section 25 Township 21S Range 36E NMPM LEA County

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

3547.3 GE

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 ☐

ALTER CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABAN. ☐

CASING TEST AND CMT JOB ☐

OTHER: COMPLETION ☒

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.

PERF 3966-4108, 2 JHPF, 4" GUNS, 20 HOLES.

ACDZ PERFS W/750 GALS 15% NEFE. SWB/TST.

SET CICR AT 3950.

PERF 3728-3811, 52 HOLES, SWB/TST.

SET CICR AT 3825, PUMP 100 SXS CMT. TAIL W/100 SXS.

DUMP 42 SXS. ON TOP OF CIRC. DRESS OFF TO NEW PDTD 3825'.

PERF 3728-3816, 50 HOLES, 4" GUNS, 2 JHPF.

ACDZ PERF W/900 GALS 15% NEFE. SWB/TST.

TEST CASING TO 500 PSI-OK.

WORK STARTED 10-05-91 WORKED ENDED 10-19-91.

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

SIGNATURE

P.R. Matthews

TITLE

TECH. ASSISTANT

DATE:

10-21-91

TYPE OR PRINT NAME

P.R. MATTHEWS

TELEPHONE NO.

(915)687-7812

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: