

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.	30-025-31306
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	ARROWHEAD GRAYBURG UNIT
8. Well No.	110
9. Pool name or Wildcat	ARROWHEAD/GRAYBURG

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 WELL ☐ GAS WELL ☐ OTHER INJECTOR

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

3. Address of Operator
P.O. BOX 1150 MIDLAND, TX 79702

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 ☐ 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 1320'-4235', TD HOLE AT 09:30 HRS. ON 9-4-91.
CONDITION HOLE.
RUN LOGS: MRIL
RUN CASING: 95 JOINTS, 5 1/2", 15.5 # K-55, LT & C. SHOE AT 4235',
FLOAT COLLAR AT 4149'. PUMPED 1025 SXS. CMT, CIRC. 95 SXS.
ND BOPE AND NU WELL HEAD.
RIG RELEASED 08:00 HRS. ON 9-6-91.

WORK STARTED 8-12-91. WORK ENDED 9-6-91.

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 9-6-91

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:

SEP 18 1991