Submit 3 Copies to Appropriate District Office

Type of Well:

Name of Operator

CHEVRON U.S.A.

Unit Letter

PERFORM REMEDIAL WORK

work) SEE RULE 1103.

TEMPORARILY ABANDON

PULL OR ALTER CASING

Section

OEL, WELL

4. Well Location

11.

OTHER:

State of New Mexico Energy, Minerals and Natural Resources Department

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

GAS WELL

INC.

K 1860

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OIL CONSERVATION DIVISION

Form C-103 Revised 1-1-89 WELL API NO 30-025-31306 P.O. Box 2088 Santa Fe. New Mexico 87504-2088 FEE XXX 5. Indicate Type of Lease STATE 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" ARROWHEAD GRAYBURG (FORM C-101) FOR SUCH PROPOSALS.) UNIT INJECTOR OTHER 8. Well No. 110 Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS 9. Pool name or Wildcat ARROWHEAD 1930 SOUTH . Feet From The WEST Feet From The Line LEA 215 36E Township Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3547.3 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **CASING TEST AND CEMENT JOB** DRILLING SUMMARY OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed MIRU, SPUD 12 1/4" HOLE ON 8-12-91 AT 09:00 PM. DRILL AND SURVEY FROM 0'-1320', TD HOLE 12 1/4" AT 04:15 HRS, ON 8-14-91. CONDITION HOLE, RU CSG. CREW, RUN 33 JTS. OF 8 5/8", 23#, M-50, ST&C CASING. FC AT 1266'. PUMPED 902 SXS. CMT. AND CIRC. 300 SXS. TEST BOP-OK. WOC 21 HRS. DRILL OUT FLOAT WITH 7 7/8" BIT AND CONTINUE TO DRILL FORMATION.

(This space for State Use)		
TYPE OR PRINT NAME P.R. MATTHEWS		ТЕLЕРНОНЕ NO. 687-7812
SIGNATURE P.R. Mathen	TECHNICAL ASSISTANT	8-15-91 DATE
I hereby certify that the information above is true and complete to the best of my k		

TITLE -

APPROVED BY -

CONDITIONS OF APPROVAL, IF ANY: