

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)
30-025-31519
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT
8. Well No. 113 WIW
9. Pool name or Wildcat ARROWHEAD GRAYBURG
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3524'

**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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WTR INJ <input type="checkbox"/>	2. Name of Operator CHEVRON U.S.A. INC.
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	4. Well Location Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line Section 25 Township 21S Range 36E NMPM LEA County
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3524'	

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>	OTHER: <input checked="" type="checkbox"/> STIMULATE

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.

WORK STARTED 07/25/94. MIRU, ND WH, NU BOP. TREAT PERFS W/25 GALS/FT  
PROD WTR. SWAB. TIH W/TBG. ND BOP, NU WH. TURN WELL OVER TO PROD 07/27/94.

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

SIGNATURE Wendi Kingston TITLE TECH. ASSISTANT DATE: 08/04/94  
TYPE OR PRINT NAME WENDI KINGSTON TELEPHONE NO. (915)687-7436

APPROVED BY Jerry Newton TITLE DISTRICT I SUPERVISOR DATE AUG 08 1994  
CONDITIONS OF APPROVAL, IF ANY: