

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	
9. Pool name or Wildcat ARROWHEAD /GB	

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 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	
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 GE	

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

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.

MIRU, TIH WITH BIT DRILL OUT TO 3925'.
TEST CASING TO 1000 PSI-OK.
LOG HOLE: GR-CCL-CBL-CET.
PERF ZONES 1-5 WITH 2 JHPF, 180 DEG. PHSD. 3730-3912.
ACIDIZE PERFS WITH 700 GALS OF 15% NEFE.
WELL KICKED OFF FLOWING.
WILL FINISH COMPLETION AFTER WELL STOPS FLOWING.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>P.R. Matthews</u>	TITLE <u>TECH. ASSISTANT</u>
DATE: <u>3/11/92</u>	
TYPE OR PRINT NAME <u>P.R. MATTHEWS</u>	TELEPHONE NO. <u>(915)687-7812</u>
APPROVED BY _____	TITLE _____
DATE <u>MAR 13 '92</u>	
CONDITIONS OF APPROVAL, IF ANY:	