Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Office Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-31524 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE x FEE \square Santa Fe, NM 87505 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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: ARROWHEAD GRAYBURG UNIT Oil Well Gas Well Other 8. Well No. 2. Name of Operator 105 Chevron U.S.A. Inc. 9. Pool name or Wildcat 3. Address of Operator ARROWHEAD; GRAYBURG P.O. Box 1150 Midland, TX 79702 4. Well Location 2040 feet from the line and feet from the line Unit Letter ___ **NMPM** County LEA Section Township 21S Range 36E 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate, Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REMEDIAL WORK **ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ABANDON \mathbf{x} **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND **ABANDONMENT** CASING TEST AND **PULL OR ALTER CASING** MULTIPLE CEMENT JOB COMPLETION OTHER: OTHER: 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. CHEVRON PROPOSES TO P&A PER ATTACHED PROCEDURE THE COMMISSION MUST BE NOTIFIED 24 THE PRIOR TO THE BEGINNING OF OFRATIONS FOR THE C-103 I hereby certify that the information above is true and complete to the best of my knowledge and belief. 10/15/01 TITLE REGULATORY O.A. DATE_

TITLE

Type or print name J. K.

(This space for State use)

Conditions of approval, if any:

APPROVED BY_



Telephone No. (915) 687-7148

DATE