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to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

OIL CONSERVATION DIVISION

District Office	U	IL CONSERVA	ATION DIVIS lox 2088	ION				
DISTRICT I			w Mexico 875	04-2088				
P.O. Box 1980, Hobbe, NA	A 88240	00	W WOOLGO G7	704 2000				
DISTRICT II					API NO. (assigned by OCD on New Wells)			
P.O. Drawer Dd, Artesia, NM 88210					30-025-31524			
DISTRICT III 1000 Rio Brazoe Rd., Aztec, Nm 87410					6. Indicate Type of Lease STATE X FEE			
		<u></u>			N/A		_	
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.)					7. Lesse Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT			
								Type of Well:
OIL	GAS							
WELL X	WELL	OTHER						
2. Name of Operator						8. Well No.		
CHEVRON U.S.A. INC.					105			
3. Address of Operator D.O. ROY 1150 MIDLAND TV 70702 ATTN: D.D. MAATTHEMIC					9. Pool name or Wildcat			
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS					JARROWHEAD/GB			
Unit Letter	<u> </u>	1880 Feet From The	WES	T Line and	204	40 Feet From The N	ORTH Line	
Section	25	Township	21S	Range	36E	NMPM LEA	County	
		10. Elevation	(Show whether DF, RKI	3, RT, GR, etc.)				
			3549 GE					
11 NOTICE	Check Appropria	ate Box to Indecate Nat						
PERFORM REMEDIAL WOR				BSEQUENT RE	PORT OF:			
		DON	REMEDIAL WORK	-	4	ALTER CASING	\vdash	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLIN	G OPNS.	4	PLUG AND ABAN.		
PULL OR ALTER CASING		_	CASING TEST AND C	<u> </u>	ا		_	
OTHER:		·	OTHER: COM	IPLETION	- 		X	
			<u> </u>					
	Completed Operations(Clearly stating any proposed work) SEE RULE 1		jive pertinent dates, incl	uding				
MIRU. TIH WITH E	BIT AND DRILL TO 395	50'.						
LOG HOLE: GR-CO								
	E AT 3935'-3708' WIT	L 2 IUDE 100 D	EC BUCD					
SWAB TEST PERF		11 2 31111, 180 01	LG FH3D.					
	- -	EO/ NEEE						
	ITH 1050 GALS. OF 1	5% NEFE.						
SWAB BACK ACI								
	CTION TUBING AND R	RODS.						
MOVED OFF WELI	L ON 3-11-92.							
hereby certify that the info	rmation above is true and complet	te to the best of my knowle	edge and belief.		 -			
SIGNITURE	P. R. Maden	TITLE	TECH. ASSIST	ANT	DATE:	3/12/92		
	D.D. 444	5140						
TYPE OR PRINT NAME	P.R. MATTHI				TELEPHONE NO.	<u>(915)687-7812</u>		
ORIGIN	AL SIGNED BY JERRY	SEXTON				BEAD 1 m	·07	
APPROVED BY	DISTRICT I SUPERVISOR	H TITLE			DATE	MAR 17	J <u>L</u>	
CONDITIONS OF APPROVA								