Submit 3 Copies To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 District II 30-025-34842 OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 STATE x FEE \square **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 2. Name of Operator 8. Well No. Chevron U.S.A. Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 1150 Midland, TX 79702 ARROWHEAD; GRAYBURG 4. Well Location Unit Letter 1270 SOUTH 250 feet from the line and feet from the line Section 36 Township Range 36 **NMPM** County LEA 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK **PLUG AND ABANDON** REMEDIAL WORK **ALTERING CASING CHANGE PLANS TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. **PLUG AND ABANDONMENT PULL OR ALTER CASING** MULTIPLE CASING TEST AND **CEMENT JOB** COMPLETION OTHER: OTHER: COMPLETED \mathbf{x} 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. SET CIEP @ 3871'. PERFD 3724'-3846' W/3 JHPF. ACZD W/2000 GALS 15% & 80 RCNB'S. SWARRED. RIH W/TBG, PUMP & RODS; TBG @ 3717'. I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE REGULATORY O.A. DATE_ 7/12/00 Type or print name J. K. RIPLEY Telephone No. (915)687-7148 (This space for State use) APPROVED BY DATE Conditions of approval, if any: 30