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 30-025-34843 District II OIL CONSERVATION DIVISION 5. Indicate Type of Lease 811 South First, Artesia, NM 87210 2040 South Pacheco District III FEE STATE x 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 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 1310 feet from the\_ 1281 line and line feet from the Unit Letter \_\_\_ County **NMPM** LEA Range 36E Township 218 Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3532' 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 COMMENCE DRILLING OPNS. PLUG AND **CHANGE PLANS TEMPORARILY ABANDON** ABANDONMENT CASING TEST AND **MULTIPLE PULL OR ALTER CASING** CEMENT JOB COMPLETION  $\mathbf{x}$ OTHER: COMPLETION 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. TAGGED CMT @ 3843', DO TO 3852'; TSTD CSG 1000#. SET CICR @ 3845'; SQZD CSG SHOE W/75 SX CMT @ 3700#. PERFD 3716'-3828' W/3 JHPF. ACZD W/3000 GALS 15%. SWARBED. SQZD 3716-98'W/150 SX CMT @ 3550#. DO CMT TO 3812', WASHED SAND TO 3845'. PERFD 3716'-3798' W/3 JHPF. ACZD W/850 CALS 15%. SWAERED. RIH W/TBG, POMP & RODS; TBG @ 3710'. I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE REGULATORY O.A. 6/14/00 **SIGNATURE** 

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Type or print name J. K.

(This space for State use)

Conditions of approval, if any:

APPROVED BY\_

(915)687-7148

Telephone No.