

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)

30-025-10095

6. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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

GAS

WELL ☒

WELL ☐

OTHER

2. Name of Operator

CHEVRON U.S.A. INC.

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

8. Well No.

183

9. Pool name or Wildcat

ARROWHEAD GRAYBURG

4. Well Location

Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line
Section 7 Township 22 S Range 37 E NMPM 434 County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)

3439 GR

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTER CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABAN. ☐

CASING TEST AND CMT JOB ☐

OTHER: DEEPEN, LOG, PERF, ACDZ. ☒

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.

DRILL OUT CMT. PLUG 0-66, TST/CSG TO 500 PSI-OK.

DRILL OUT CMT. TO 3745, DEEPEN TO 3875'.

LOG HOLE: SDL-DSN-GR-CAL-CCL-DLL.

ACDZ 3557-3875 W/1500 GALS. 15% NEFE. SWB/TST.

PERF 3593-3606, 26 TOTAL HOLES, ACDZ PERFS W/1500 GALS, 15% NEFE.

SWB/TST PERFS, TIH W/PRODUCTION EQUIP.

RETURN TO PRODUCTION.

WORK STARTED 9-14-91 WORK ENDED 9-20-91

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

P.R. Matthews

TITLE

TECH. ASSISTANT

DATE:

9-23-91

TYPE OR PRINT NAME

P.R. MATTHEWS

TELEPHONE NO.

(915)687-7812

APPROVED BY

SURE

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: