

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) 30-025-10098
6. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
8. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name H.T. MATTERN
8. Well No. 2
9. Pool name or Wildcat ARROWHEAD/GB

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 WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Plugged</u>	
2. Name of Operator CHEVRON U.S.A. INC.	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS	
4. Well Location Unit Letter <u>K</u> : <u>1563</u> Feet From The <u>WEST</u> Line and <u>1650</u> Feet From The <u>SOUTH</u> Line Section <u>7</u> Township <u>22S</u> Range <u>37E</u> NMMPM <u>LEA</u> County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.)	

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER: <u>NAME CHANGE</u> <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CMT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
ALTER CASING <input type="checkbox"/> PLUG AND ABAN. <input type="checkbox"/>	

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.

CHEVRON U.S.A. INC. WISHES TO CHANGE THE NAME OF SUBJECT WELL:

FROM ARROWHEAD GRAYBURG UNIT #201.
TO: H.T. MATTERN #2

Correct surface location from 1650/S & W
to: 1650/S & 1563/W as indicated on attached plat.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>P.R. Matthews</u>	TITLE <u>TECH. ASSISTANT</u>
DATE: <u>8-13-92</u>	
TYPE OR PRINT NAME <u>P.R. MATTHEWS</u>	TELEPHONE NO. <u>(915)687-7812</u>
APPROVED BY <u>DISTRICT I SUPERVISOR</u>	DATE <u>AUG 17 '92</u>
CONDITIONS OF APPROVAL, IF ANY:	

posted change

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

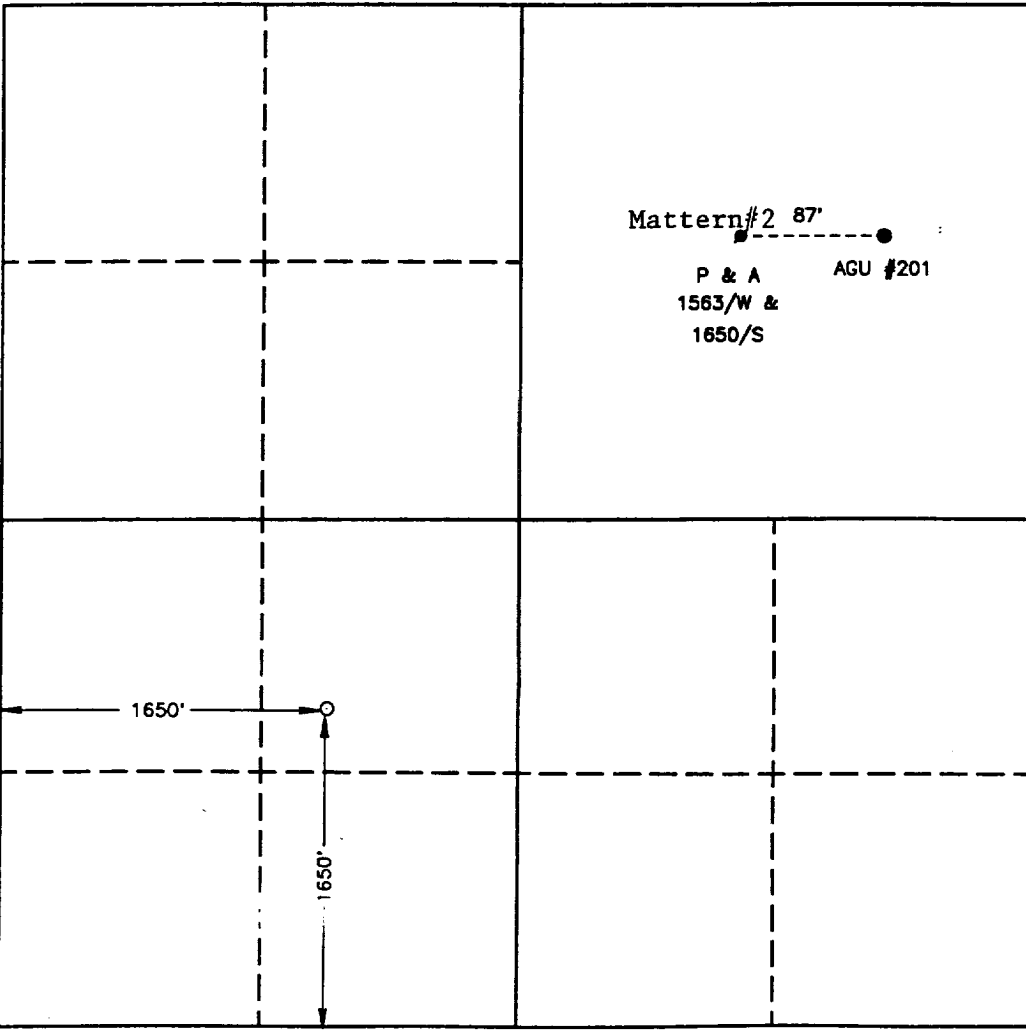
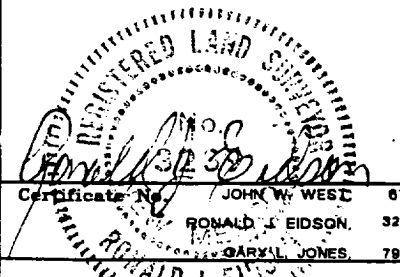
H.T. Mattern #2

Operator CHEVRON U.S.A. INC.			Lease ARROWHEAD GRAYBURG UNIT		Well No. 201
Unit Letter K	Section 7	Township 22 SOUTH	Range 37 EAST	NMPM	County LEA
Actual Footage Location of Well: 1650 feet from the SOUTH line and 1563 feet from the WEST line					
Ground Level Elev. 3447.0'	Producing Formation		Pool		Dedicated Acreage: Acres

- Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____

If answer is "no" list of owners and tract descriptions which have actually been consolidated. (Use reverse side of this form necessary.)

No allowable will be assigned to the well unit all interests have been consolidated (by communitization, unitization, forced-pooling, otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

	OPERATOR CERTIFICATION I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief. Signature _____ Printed Name _____ Position _____ Company _____ Date _____
	SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief. Date Surveyed JULY 30, 1992 Signature & Seal of Professional Surveyor  Certificate No. JOHN W. WEST 876 RONALD J. EIDSON 3239 DARYL JONES 7977