Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office

OIL CONSERVATION DIVISION

P.O. Box 2088		
DISTRICT Santa Fe, New Mexico 87504-2088		
P.O. Box 1980, Hobbs, NM 88240		
DISTRICT II	API NO. (assigned by OCD on New Wells)	
P.O. Drawer Dd, Artesia, NM 88210	30-025-10098	
DISTRICT III	5. Indicate Type of Lease STATE FEE X	
1000 Rio Brazos Rd., Aztec, Nm 87410	31/11 111/	
	6. State Oil & Gas Lease No.	
	N/A	
SUNDRY NOTICES AND REPORTS ON WELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG B DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT	
(FORM C-101) FOR SUCH PROPOSALS.)	Annown Experience of the	
1. Type of Well:		
OIL GAS		
WELL OTHER INJECTOR		
2. Name of Operator	B. Well No.	
CHEVRON U.S.A. INC.	201	
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS	9. Pool name or Wildcat ARROWHEAD/GB	
4. Well Location	AMIOWILADIAD	
Unit Letter K : 1650 Feet From Th SOUTH Line and	1650 Feet From The WEST Line	
Section 7 Township 22S Range	37E NMPM LEA County	
10. Elevation(Show whether DF, RKB, RT, GR, et	c.)	
3445 GE		
11 Check Appropriate Box to Indecate Nature of Notice, Report, or C NOTICE OF INTENTION TO: SUBSEQUENT		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTER CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	PLUG AND ABAN. X	
	7 250 7410 757411	
	, —	
OTHER: OTHER:		
12. Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, inclu	dina	
esticated date of starting any proposed work) SEE RULE 1103.	-	
MIRU, POOH WITH PRODUCTION EQUIPMENT.		
TIH WITH DOWN HOLE VIDEO CAMERA AND DISCOVER CASIN	G PARTED AT 326-329.	
TIH WITH CEMENT, SET PLUG AT 2540-3740. 130 SXS. OF CE	MENT.	
PUMPED 9.5 PPG P & A MUD FROM 2540-200.		
PUMPED CEMENT FROM 330'-SURFACE.		
CUT OFF WELLHEAD AND WELD ON P & A MARKER.		
NOTE: LEFT RBP IN THE HOLE AT 3679'.		
WORK FINISHED ON 3-21-92.		
I hereby certify that the inforgation above is true and complete to the best of my knowledge and belief.		

I hereby certify that the information SIGNITURE	Malikan TITLE	est of my knowledge and belief. TECH. ASSISTANT	DATE:	03-23-92
TYPE OR PRINT NAME	P.R. MATTHEWS		TELEPHONE NO	(915)687-7812
APPROVED BY	Levelle TITLE (oil a gas nast	$\bigcirc \bigcirc \bigcirc \mathbf{R}$	APR 0 3'92
CONDITIONS OF APPROVAL	, IF ANY:			