

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) 30-025-10351 ✓	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT	
8. Well No. 216	
9. Pool name or Wildcat ARROWHEAD/GB	
4. Well Location Unit Letter <u>A</u> <u>8</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>18</u> Township <u>22S</u> Range <u>37E</u> NMPM <u>LEA</u> County	10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3411' GR

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK  
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 <input type="checkbox"/>	
2. Name of Operator CHEVRON U.S.A. INC.	
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE	
4. Well Location Unit Letter <u>A</u> <u>8</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>18</u> Township <u>22S</u> Range <u>37E</u> NMPM <u>LEA</u> County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3411' GR	

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

WORK PERFORMED 12-1 THRU 12-15-92  
RU & POH W/RODS & PMP. ND WH NU BOP, POH W/ TBG.DEEPEN TO 3850', CIRC.  
RUN SDL-DSN-GR -CAL & CCL LOGS, ACDZ PERFS 3652-96 & OH 3700-3850 W/ 1400 GALS,  
FLUSH, SWB. PERF 3578-3620, 2 JHPF, 52 HOLES. ACDZ PERFS 3696-3578 W/14 BBLS  
NEFE HCL. SWAB BACK LOAD. RUN RODS & PMP. PLACE ON PRODUCTION  
WELL WAS FORMERLY THE A.L. CHRISTMAS "C" #8

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

SIGNATURE Nita Rice TITLE TECHNICAL ASSISTANT DATE: 12/28/92

TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

APPROVED BY Paul Kautz TITLE Geologist DATE 12/21/92

CONDITIONS OF APPROVAL, IF ANY:

nif