Submit 3 Copies To Appropriate District Office						Form C-1	03
District I  1625 N. French Dr., Hobbs, NM 87240  Energy, Minerals and Natural Resources				Revised March 25, 1999 WELL API NO.			
District II	OIL CONSERVATION DIVISION			30-025-10358			
811 South First, Artesia, NM 87210 District III	2040 South Pacheco			5. Indicate Type of Lease			7
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505			STA	TE 🗷	FEE 🗌	
2040 South Pacheco, Santa Fe, NM 87505	acheco, Santa Fe, NM 87505				& 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.)				7. Lease Name or Unit Agreement Name:			
1. Type of Well: Oil Well Gas Well Other INDECTOR				ARROWHEAD GRAYBURG UNIT			
2. Name of Operator				8. Well No.			
Chevron U.S.A. Inc.				246			_]
3. Address of Operator				9. Pool name or Wildcat			7
P.O. Box 1150 Midland, TX 7 4. Well Location	9702			ARROWHEAD	GRAYBU	RG	-
Unit Letter	660 feet from the	NOF	TH line and	1980	feet from	the WEST lin	ie
Section 19	Township 22	g	Range 37E	NMPM		County 1EA	
	10. Elevation (Show wh	ether	DR, RKB, RT, GR, etc			County IER	
11 Chaols A	namanujata Dan ta Ind		Natura - CNI-41	D	Oth		
NOTICE OF INTI	Appropriate Box to Ind	icate		_			
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK	SEQUEN <sup>-</sup>	I KEP	ORT OF: ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLI	NG OPNS.		PLUG AND	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB			ABANDONMENT	
OTHER:			OTHER:				
12. Describe Proposed or Complete of starting any proposed work). or recompilation.  POH W/INJ EQPT. SQZD CSG RAN MIT. RETURNED WELL TO	SEE RULE 1103. For Mu  LEAK 473'-504' W/75 \$	ıltiple	Completions: Attach	wellbore dia	gram of	cluding estimated date proposed completion	
4/25/01							
	•						
hereby certify that the information above	is true and complete to the b	est of 1	ny knowledge and belief	:			-
SIGNATURE J.K. Ripl		TITL	E RECULATORY O.A.		D	ATE 5/3/01	_
Type or print name J. K. RIPLEY	0			7	relephor	ne No. (915) 687-7148	,
This space for State use)			,			v (1)	<u>.</u>
APPROVED BYConditions of approval, if any:		_ TITI	Ę		DA	TE TE	_
S			en e				
ソ			編建長 医沙漠病				

