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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 1-1-88

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

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.)		API NO. (assigned by OCD on New Wells) 30-025-10358
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTOR		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON U.S.A. INC.		6. State Oil & Gas Lease No. N/A
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE		7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT
4. Well Location Unit Letter C : 660 Feet From The NORTH Line and 1980 Feet From The WEST Line Section 19 Township 22S Range 37E NMPM LEA County		8. Well No. 246
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3414' GR		9. Pool name or Wildcat ARROWHEAD/GB

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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 JOB <input type="checkbox"/>
OTHER: DEEPEN, ADD PERFS & ACDZ <input checked="" type="checkbox"/>	OTHER: <input type="checkbox"/>
& CONVERT TO WTR INJ	

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.

WE PROPOSE TO:
MIRU, ND WH. NU BOP. DEEPEN WELL 121' TO 3835 +-. RUN GR-CCL LOG .
ACDZ W/3500 GALS 15% HCL. SWAB BACK LOAD.
RIH W/ PKR & TBG SET PKR @ 3560', TST ANNULUS TO 300 PSI F/30 MIN.
PLACE WELL ON INJECTION.

R-9483 inject GB

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: 10/7/93

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

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

DATE OCT 13 1993

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: