

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) <b>30-025-10359</b>	
6. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
8. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name <b>ARROWHEAD GRAYBURG UNIT</b>	
8. Well No. <b>245</b>	
9. Pool name or Wildcat <b>ARROWHEAD GRAYBURG UNIT</b>	

**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 <input type="checkbox"/> GAS <input type="checkbox"/> WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>	
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: WENDI KINGSTON</b>	
4. Well Location Unit Letter <b>B</b> : <b>660</b> Feet From The <b>NORTH</b> Line and <b>1980</b> Feet From The <b>EAST</b> Line Section <b>19</b> Township <b>22S</b> Range <b>37E</b> NMPM <b>LEA</b> County	
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3410'</b>	

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

MIRU 12/19/95. TAG TD. PUMP 350 GALS 15% NEFE HCL.  
ACDZ 3584'-3704' AND 3714'-3813' WITH 3000 GALS ACID.  
RIH W/2 7/8" TBG TO 3801'.  
TURN WELL OVER TO PRODUCTION 12/22/95.

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

SIGNATURE *Wendi Kingston* TITLE **TECH. ASSISTANT**

DATE: **1/23/96**

TYPE OR PRINT NAME **WENDI KINGSTON**

TELEPHONE NO. **(915)687-7826**

APPROVED BY *Wendi Kingston* TITLE **TECH. ASSISTANT**  
CONDITIONS OF APPROVAL, IF ANY:

DATE **JAN 26 1996**