

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 1880, Hobbs, NM 88240

**DISTRICT II**

P.O. Drawer Dd, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd., Aztec, Nm 87410

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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) <b>30-025-10359</b>
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>		6. State Oil & Gas Lease No. <b>N/A</b>
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE</b>		7. Lease Name or Unit Agreement Name <b>ARROWHEAD GRAYBURG UNIT</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>11S 19</b> Township <b>22S</b> Range <b>37E</b> NMPM <b>LEA</b> County		8. Well No. <b>245</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>3410' GL</b>		9. Pool name or Wildcat <b>ARROWHEAD/GB</b>

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 checked="" 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"/>	OTHER: <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>	OTHER: <input 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.

**WE PROPOSE TO:**

POH W/RODS & PMP, ND WH, NU BOP. TST CSG ABOVE 3573 TO 500 PSI F/30 MINUTES.  
 DEEPEN WELL TO 3813. CIRC CLEAN. RUN GR-CCL-SPECTRAL LITHODENSITY-CALIPER  
 LOG. PMP 1500 GALS 15% ACID. SWAB. PERF 3663-3702 . 2 JHPF, 28 HOLES.  
 ACDZ W/20 BBLS 15% NEFE HCL. SWAB. RUN TBG, ND BOP. NU WH, RUN PMP & RODS.  
 TST TBG TO 500 PSI. AFTER 5 DAYS PRODUCTION CHEMICAL SQUEEZE DN ANNULUS W/  
 2 DRUMS T-133 & BW W/SURFATRON DP-61.  
 TURN OVER TO PRODUCTION.

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: 4/27/93

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

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DATE APR 29 1993  
 CONDITIONS OF APPROVAL, IF ANY: DISTRICT SUPERVISOR