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to Appropriate  
District Office

2

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

<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>30-025-25878</b>
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 <b>CHEVRON U.S.A. INC.</b>		6. State Oil & Gas Lease No. N/A
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>J</b> : <b>2310</b> Feet From The <b>SOUTH</b> Line and <b>1880</b> Feet From The <b>WEST</b> Line Section <b>18</b> Township <b>22S</b> Range <b>37E</b> NMPM <b>LEA</b> County		8. Well No. <b>233</b>
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3426' GR</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 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: <input type="checkbox"/>	OTHER: <b>ADD PERFS &amp; 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.

WORK PERFORMED 12/29/93 THRU 1/14/94  
MIRU, ND WH, NU BOP. RUN GR CCL F/4000-3400'. SET CIBP @ 3837. PERF 3828-3802  
ACDZ PERFS W/7 BBLS 15% NEFE HCL. SWAB. SET CIBP @ 3795. PERF 3778-3784 W/2 JHPF.  
SPOT ACID, SWAB. SET CIBP @ 3772,PMP 900 SX CMT. PERF 3768-3770, 2 JHPF. SWAB.  
PERF 3756-3696, 2JHPF. ACDZ PERFS W/12 BBLS. SWAB.  
PLACE WELL ON INJECTION  
INJECTING INTO PERFS 3602-3770  
FINAL REPORT

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: 2/4/94  
TYPE OR PRINT NAME NITA RICE TELEPHONE NO. (915)687-7436

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR TITLE  DATE FEB 03 1994  
CONDITIONS OF APPROVAL, IF ANY:

J.C.B.A.

TUBING SIZE 2 7/8"  
PKR. SETTING DEPTH 3561'  
PERFS TOP & BOTTOM 3602-3684  
CO. 3808-3830

$$3808 - 3830$$

1. LEASE NAME: Arrowhead Grayburg Unit  
2. WELL NO. 233  
3. LOCATION: UNIT: J SEC. 18 T 22S R 37E  
4. COUNTY:

5. REASON FOR TEST: \_\_\_\_\_ INITIAL TEST PRIOR TO INJECTION.  
 \_\_\_\_\_ ~~X~~ \_\_\_\_\_ AFTER WORKOVER  
 \_\_\_\_\_ FIVE YEAR TEST  
 \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

6. DATE OF TEST: 1-14-94

7. TEST PRESSURE:

TIME:	TUBING	CASING	SURFACE CASING
INITIAL	0-	330	0
15 MIN.	0-	330	0
30 MIN.			0

8. TEST WITNESSED BY OCD: \_\_\_\_\_ YES ☒ NO  
IF YES, NAME OF OCD REP. \_\_\_\_\_

9. OPERATOR COMMENTS ON TEST: \_\_\_\_\_

10. WELL STATUS:

11. CHEVRON REPRESENTATIVE: FRED ORTIZ WORKOVER REP  
NAME TITLE

Fred Ortin  
SIGNATURE *FR*