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1

State of New Mexico

Form C-103 Revisied 1-1-89

to Appropriate

Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

District Office	U	IL CONSERV	AHON DI	AIOIA				
		P.O. E	3ox 2088					
DISTRICT I		Santa Fe, N	ew Mexico 87	504-2088				
P.O. Box 1980, Hobbs, NM 8824	40							
DISTRICT II						ned by OCD on Nev	v Weils)	
P.O. Drawer Dd, Artesia, NM 883	210				30-025-2	5878		
DISTRICT III					5. Indicate T			_
1000 Rio Brazos Rd., Aztec, Nm	87410					STATE	X FEE	
					6. State Oil	& Gas Lease No.		
					N/A			
	CHAIDDY NO	TICEC AND DEDI	DETC ON WELL	C				
		FICES AND REPO						
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"				7. Lease Name or Unit Agreement Name				
				•11	ARROWHEAD GRAYBURG UNIT			
1. Type of Well:	(FORM C-10	1) FOR SUCH PROPO	DSALS.I			LAD GRAID	ond own	
OIL	GAS		·					
WELL	WELL	OTHER INJEC	CTOR					
2. Name of Operator					8. Well No.	<del></del>	<del></del>	
CHEVRON U	ISA INC				}	233	}	
<del></del>	J.J.7 (. 1140.		(915) 687-74	36	9. Pool name		<del></del>	
3. Address of Operator	TV 707	00 ATTN AUTA		30				
P.O. BOX 1150 MIDL	AND, 1X 797	02 ATTN: NITA	RICE		ARROWH	EAD/GB		
4. Well Location	1 .	2310 Feet From Ti	ne SOU	TH Line and	188	O Feet From The	WEST	Line
Unit Letter Section 18	<del></del>	Township	228	Range	37E	NMPM	LEA	County
Saction		•	on(Show whether DF,					
			342	6' GR				
	Check Approx	riate Box to Indecate		-	er Data			
NOTICE OF	INTENTION T			BSEQUENT		5 ·		
	PLUG AND ABA		REMEDIAL WORK		1	ALTER CASING	Г	7
PERFORM REMEDIAL WORK	===	<del>  -  </del>	1		· <b>d</b>		}-	=
TEMPORARILY ABANDON	CHANGE PLAN	s	COMMENCE DRILL	<del> </del>	4	PLUG AND ABA	N. L	ا ل
PULL OR ALTER CASING			CASING TEST AND	CMT JOB	.]		-	_
OTHER: ADD PERFS	& ACDZ	X	OTHER:					╛
12. Describe Proposed or Comp			tails, and give pertiner	nt dates, including	-			
esticated date of starting any	proposed work) SEE	RULE 1103.						
WE PROPOSE TO:								
MIRU, ND WH. NU B	OP. RUN GR-0	CCL LOG F/4000	)-3400'. PERF	3802-3830	, 32 HOLE	S, 2 JHPF		
ACDZ W/6 BBLS 15%	6 HHCL. SWA	B BACK LOAD.	PERF 3696-37	84, 82 HOL	ES, 2 JHPF	·.		
ACDZ NEW PERFS 36								
RIH W/TBG, NU WH.								
NIH W/1BG, NO WH.	PLACE WELL	ON INSECTION						
I hereby certify that the informati	on above is true and	complete to the best of				0 (00 10 0		
SIGNITURE	ta Kie	2 TITLE	TECHNICAL	ASSITANT	DATE:	9/28/93		
						(015)007	7406	
TYPE OR PRINT NAME	NITA RICE				TELEPHONE N	o. (915)68 <b>7</b> -1	/430	
			AN CEVENN					
APPROVED BY	ORIGINAL	. SIGNED BY JEI	KKI DEVION		DATE	SEP 30	1993	
CONDITIONS OF APPROVAL, IF	ANY: DE	SIGNED BY JEI STRICT I SUPERY	/ISOR	<del></del>				

DECEMED

OFFICE

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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

District Office	OIL CONSERV	ATION DIVISION				
	P.O. B	ox 2088				
DISTRICT I	Santa Fe, Ne	ew Mexico 87504-2088				
P.O. Box 1980, Hobbs, NM 882	40					
DISTRICT II  P.O. Drawer Dd. Artesia, NM 88	210		API NO. (essigned by OCD on New 1 30-025-25878	(Vella)		
DISTRICT III	210		5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, Nm	87410		1	X FEE		
			6. State Oil & Gas Lease No.	<del></del>		
			N/A			
	SUNDRY NOTICES AND REPO	RTS ON WELLS				
(DO NOT USE	THIS FORM FOR PROPOSALS TO DRIL	L OR TO DEEPEN OR PLUG BACK	7. Lesse Name or Unit Agreement i	Name		
	DIFFERENT RESERVOIR. USE "APPLIC	CATION FOR PERMIT"		_		
	(FORM C-101) FOR SUCH PROPO	SALS.)	ARROWHEAD GRAYBU	RG UNIT		
1. Type of Well: OIL	GAS					
WELL	WELL OTHER INJEC	TOR				
2. Name of Operator			B. Well No.			
CHEVRON U	J.S.A. INC.		233	i		
3. Address of Operator		(915) 687-7436	9. Pool name or Wildcat			
P.O. BOX 1150 MIDL	AND, TX 79702 ATTN: NITA	RICE	ARROWHEAD/GB			
4. Well Location Unit Letter	J : 2310 Feet From Th	SOUTH Line and	1880 Feet From The	WEST Line		
Section 18	Township	22S Range		LEA County		
		(Show whether DF, RKB, RT, GR, etc.)		Militario de la live		
		3426' GR		Million in the		
11	Check Appropriate Box to Indecate					
	INTENTION TO:	SUBSEQUENT F	REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTER CASING	Щ		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABAN.			
PULL OR ALTER CASING		CASING TEST AND CMT JOB	.]	_		
OTHER: CONVERT T	O WTR INJ X	OTHER:				
12. Passible Branch or Com-	leted Operations(Clearly state all pertinent deta	ite and nive mediane draw including				
	proposed work) SEE RULE 1103.	ins, and give perument dates, including				
WE PROPOSE TO:						
MIRU, ND WH. NU BO	OP. TST CSG ABOVE 3586 TO	) 500 PSI F/30 MINS. REP	AIR CSG LEAK IF NEEDE	D		
SWB TST PERFS 3684	4-3602. DRL OUT CIBP @ 37	70 & PUSH TO TOP OF CI	BP @ 6450'.			
SPOT P&A MUD F/64	50-3860'. RIH W& SET RBP @	) 3870 & PKR @ 3830 ES	TAB INJ RATE			
INTO PERFS 3844-60'. SET CICR @ 3830, CMT SQZ PERFS 3844-60, STING OUT OF						
RTNR & DUMP CMT (	ON TOP OF CICR. CLEAN OUT	TO NEW PBTD @ 3820'.	RUN GR-CCL LOG			
F/3820-3400, PERF 2	2 JHPF, 3696-37992, TTL 88	HOLES. ACDZ NEW & OLI	D PERFS W/2 BBLS 15%			
NEFE HCL PERF TOOL	SETTING. SWAB BACK LOAD	). RIH W/INJ PKR, & 2-3/8	B DUOLINE INJ TBG, '			
SET PKR @ 3560'. CI	RC PKR FLUID, ND BOP, NU W	H, TST ANNULUS TO 300	D PSI F/30 MINS.			
PLACE WELL ON INJE	CTION.					
	- 4					
I hereby certify that the information	on above is true and complete to the best of m	y knowledge and belief.				
SIGNITURE	a rue TITLE	TECHNICAL ASSITANT	DATE: 3/9/93			
TYPE OR PRINT NAME	NITA RICE		TELEPHONE NO. (915)687-74			
TIPE ON FRINT NAME	MANUE		12/5 / -			
	MOTKES YEARS OF SEKING		1000 22	1933		
APPROVED BY #5 / APPROVAL, IF /	ANY		DATE			
CONDITIONS OF AFFRUVAL, IF	wii.					

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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revisied 1-1-89

D A D 0000			
P.O. Box 2088			
DISTRICT   Santa Fe, New Mexico 87504-2088 P.O. Box 1980, Hobbs, NM 88240			
DISTRICT II	API NO. (assigned by OCD on New Wells)		
P.O. Drawer Dd, Artesia, NM 88210	30-025-25878		
DISTRICT III	5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, Nm 87410	STATE X FEE		
	6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS	N/A		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7 Janes Names of United States of Marie 1997		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT		
(FORM C-101) FOR SUCH PROPOSALS.)	The state of the s		
1. Type of Well:	7		
OIL GAS			
WELL OTHER INJECTOR			
2. Name of Operator	8. Well No.		
CHEVRON U.S.A. INC.  3. Address of Operator	9. Pool name or Wildcat		
P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS	ARROWHEAD/GB		
4. Well Location	7.4.1.0 (7.0)		
Unit Letter K : 2310 Feet From The SOUTH Line an			
Section 18 Township 22S Range	37E NMPM LEA County		
10. Elevation(Show whether DF, RKB, RT, GR, etc.) 3423' GE			
11 Check Appropriate Box to Indecate Nature of Notice, Report, or Other Da	ta		
NOTICE OF INTENTION TO: SUBSEQUENT	REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTER CASING		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	ALTER CASING PLUG AND ABAN.		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PULL OR ALTER CASING CASING TEST AND CMT JOB			
TEMPORARILY ABANDON  PULL OR ALTER CASING  OTHER:  LOG AND ACDZ  COMMENCE DRILLING OPNS.  CASING TEST AND CMT JOB  OTHER:  12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.  PULL OR ALTER CASING  OTHER:  LOG AND ACDZ  X  OTHER:			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. CASING TEST AND CMT JOB OTHER:  LOG AND ACDZ  TO Describe Proposed or Completed Operations(Clearly state all pertinent details, and give pertinent dates, including esticated date of starting any proposed work) SEE RULE 1103.			
TEMPORARILY ABANDON  PULL OR ALTER CASING  OTHER:  LOG AND ACDZ  CASING TEST AND CMT JOB  OTHER:  12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including esticated date of starting any proposed work) SEE RULE 1103.  IT IS PROPOSED TO:			
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I hereby certify that the info@maston above is true and complete to the best of my knowledge and belief.						
SIGNITURE //	- Malsen	TITLE	TECH. ASSISTANT	DATE:	6-26-92	
TYPE OR PRINT NAME	P.R. MATTHEWS			TELEPHONE NO.	(915)687-7812	
		\$ * **			·	
APPROVED BY	· · · · · · · · · · · · · · · · · · ·	TITLE		DATE	JUL 01'92	
CONDITIONS OF APPROVAL, II	FANY:					