Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Depart

Form C-103

District Office	and reading Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION	WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088	30-025-31246
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		5. Indicate Type of Lease STATE FEE
NO DIAZOS RU., AZIEC, INVI 8/410		6. State Oil & Gas Lease No.
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"		7. Lease Name or Unit Agreement Name
1. Type of Well:	-101) FOR SUCH PROPOSALS.)	ARROWHEAD GRAYBURG
OIL WELL OAS WELL 2. Name of Operator	OTHER	Unit
ChEURON USA INC		8. Well No.
3. Address of Operator P.O. BOX 1150 MIDIAN	10 Tx 79702 AHN RM 411	9. Pool name or Wildcat ARROWNEAD / GB
	Feet From The North Line and 198	O Feet From The WEST Line
Section / S	Township 25 Range 37E 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM LEA County
	111111 3426.4 BR	
11. Check A NOTICE OF INT	Appropriate Box to Indicate Nature of Notice, R	
PERFORM REMEDIAL WORK		SEQUENT REPORT OF:
TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WORK CHANGE PLANS	ALTERING CASING
PULL OR ALTER CASING	A COMMENCE PHILLING	
OTHER:	CASING TEST AND CE	MENT JOB
	OTHER:	
work) SEE RULE 1103.	ons (Clearly state all pertinent details, and give pertinent dates, including	ing estimated date of starting any proposed
ChEURON USA I	Ne. REQUEST to DRILL PASS	from Her a-alp of
4100' to NEW	TD of 4500'. This NEW	The same of the same of
(10 4 in=) (1	1 = 1 = 1 = 2	10 18 87/1 N
Unitized intervi	al FOR the ARROWHEAD GA	eagling Unit.
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The house of the state of		
I hereby certify that the information above is true and signature	to the best of my knowledge and belief. TITLE T.A. I) R/g	DATE 5/24/91
TYPE OR PRINT NAME E.O. DO	HERTY	687-78/2 TELEPHONE NO.
(This space for State Use)		MAY 2 8 1991
_	GNED BY JERRY SENTON TITLE	•
CONDITIONS OF APPROVAL, IF ANY:		DATE