

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)

30-025-31329

6. Indicate Type of Lease

STATE ☒

FEE ☐

8. State Oil & Gas Lease No.

N/A

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

GAS

WELL ☐

WELL ☐

OTHER

INJECTOR

2. Name of Operator

CHEVRON U.S.A. INC.

8. Well No.

242

3. Address of Operator

P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS

9. Pool name or Wildcat

ARROWHEAD /GB

4. Well Location

Unit Letter

O

560 Feet From The

SOUTH

1980 Feet From The

EAST

Section

18

Township

22S

Range

37E

NMPM

LEA

County

10. Elevation(Show whether DF, RKB, RT, GR, etc.)

3411 GR

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

☐

PLUG AND ABANDON

☐

TEMPORARILY ABANDON

☐

CHANGE PLANS

☐

PULL OR ALTER CASING

☐

OTHER:

☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK

☐

ALTER CASING

☐

COMMENCE DRILLING OPNS.

☐

PLUG AND ABAN.

☐

CASING TEST AND CMT JOB

☐

OTHER:

COMPLETION

☒

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.

TST/CSG TO 500 PSI-OK.

LOG HOLE:GR-CBL-CET-CCL.

PERF 5 1/2" CSG W/ 4" GUNS, 180 DEG. PHSD, 2 JHPF, 3782-3663.

ACDZ PERFS W/1200 GALS. 15% NEFE, SWB/TST.

TIH W/ INJECTION TBG. SET PACKER AT 3612'.

TEST PACKER TO 600 PSI-OK.

BEGIN INJECTION.

WORK STARTED 10-19-91 ENDED 10-26-91.

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

SIGNATURE

P.R. Matthews

TITLE

TECH. ASSISTANT

DATE:

10-28-91

TYPE OR PRINT NAME

P.R. MATTHEWS

TELEPHONE NO.

(915)687-7812

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: