

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. District Office, Artesia, NM 88210

DISTRICT III

1000 Feet, Aztec, Nm 87410

API NO. (assigned by OCD on New Wells)

30-025-31560

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

N/A

7. Lease Name or Unit Agreement Name

ARROWHEAD GRAYBURG UNIT

8. Well No.

199

9. Pool name or Wildcat

ARROWHEAD/GB

**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.)

Well:

GAS



WELL



OTHER

Operator

CHEVRON U.S.A. INC.

Address of Operator

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

Location

Unit L : 2315 Feet From The NORTH Line and 1550 Feet From The WEST Line  
Section 7 Township 22S Range 37E NMPM LEA County

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

3445 GE

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

**NOTICE OF INTENTION TO:**

MEDIAL WORK



PLUG AND ABANDON



Y ABANDON



CHANGE PLANS



ER CASING



OTHER



**SUBSEQUENT REPORT OF:**

REMEDIAL WORK



COMMENCE DRILLING OPNS.



CASING TEST AND CMT JOB



OTHER:

COMPLETION



ALTER CASING



PLUG AND ABAN.



TIH AND DRILL OUT CEMENT ,DV TOOL AND FLOAT TO 3881'.

LOG HOLE: GR-CCL, CBL-CET.

PERF 5.5" CASING WITH 4" GUNS, 2 JHPF, 180 DEG. PHSD. 3872-3823, 40 HOLES.

ACDZ PERFS WITH 420 GALS. OF 15% NEFE. SWAB BACK ACID.

PERF 3862-90, 16 HOLES, 3696-3700, 8 HOLES, 3760-64, 8 HOLES, 3773-78, 10 HOLES, 3782-86, 8 HOLES  
3792-3800, 16 HOLES.

ACDZ EACH SET OF PERFS WITH 100 GALS OF 15% NEFE, SWAB BACK ACID.

TIH WITH TBG. AND RODS, EOT AT 3850'.

WELL READY TO PRODUCE ON 6-5-92.

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

SIGNIT

*P.R. Matthews*

TITLE

TECH. ASSISTANT

DATE: 6-8-92

TYPE

NT NAME

P.R. MATTHEWS

TELEPHONE NO. (915)687-7812

APPRO

COND: OF APPROVAL, IF ANY:

TITLE

DATE