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Form 3160-5 (June 1990)	Form 3160-5		
Do not use this	6. If Indian, Allottee or Tribe Name		
1. Type of Well	N/A 7. If Unit or CA, Agreement Designation		
Oil Gas Well 2. Name of Operator	Arrowhead Grayburg Uni 8. Well Name and No.		
Chevron U.S. 3. Address and Telephone P. O. Box 11	181 9. API Well No. 30-025-31580		
P. O. Box 1150, Midland, TX 79702 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FSL & 660' FWL			10. Field and Pool, or Exploratory Area Arrowhead Grayburg 11. County or Parish, State
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR			Sec. 6, T22S, R37E
	TYPE OF ACTION		, ON OTHER DATA
	of Intent ent Report pandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off
13. Describe Proposed or Corgive subsurface local	mpleted Operations (Clearly state al tions and measured and true vertic	Other <u>Initial Report of</u> Injection I pertinent details, and give pertinent dates, including estimated date of starting a all depths for all markers and zones pertinent to this work.)*	Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) any proposed work. If well is directionally drilled,
8/20/92: Injec	ction rate after :	24 hours of injection was 770 BWPD with	pressure of 148 psi.
SEP 14 10 39 AM '92		AL	RECEIVED SEP 10 1 37 PM '92 BUREAR STREET
See 1.	전 전 전 전 전 전 전 전 전 전 전 (((((((((AL 2 A 1000	r3 1

2 4 1992

Technical Assistant Title __ (This space for Federal or State office use) 9/9/92 Date Approved by Conditions of approval, if any: Title

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to-make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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