

CHEVRON U.S.A. INC.

DISPOSAL/INJECTION WELL  
PRESSURE TEST REPORT  
NEW MEXICO

TUBING SIZE 2 7/8

PKR. SETTING DEPTH 8609

PERFS TOP & BOTTOM  
3654 TO 3817

1. LEASE NAME: AGU
2. WELL NO: 240 WI
3. LOCATION: UNIT \_\_\_\_\_ SEC 18 T 22S R 37E
4. COUNTY: LeA
5. REASON FOR TEST:
  - ☒ INITIAL TEST PRIOR TO INJECTION
  - ☐ AFTER WORKOVER
  - ☐ FIVE YEAR TEST
  - ☐ OTHER (SPECIFY) \_\_\_\_\_
6. DATE OF TEST: 7-30-92
7. TEST PRESSURE: \_\_\_\_\_

TIME	TUBING	CASING	SURFACE CASING
INITIAL	<u>0</u>	<u>550</u>	<u>0</u>
15 MIN.	<u>0</u>	<u>500</u>	<u>0</u>
30 MIN.	<u>0</u>	<u>500</u>	<u>0</u>
_____	_____	_____	_____
_____	_____	_____	_____

8. TEST WITNESSED BY OCD: ☐ YES ☒ NO  
IF YES, NAME OF OCD REP. \_\_\_\_\_
9. OPERATOR COMMENTS ON TEST: \_\_\_\_\_
10. WELL STATUS:
  - ☒ ACTIVE
  - ☐ TEMPORARILY ABANDONED
  - ☐ OTHER (SPECIFY) \_\_\_\_\_
11. CHEVRON REPRESENTATIVE: Bobby E Cone WORKOVER Rep  
NAME TITLE  
Bobby E Cone  
SIGNATURE

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		API NO. (assigned by OCD on New Wells) <b>30-025-31632</b>
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTOR <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>CHEVRON U.S.A. INC.</b>		6. State Oil & Gas Lease No. <b>N/A</b>
3. Address of Operator <b>P.O. BOX 1150 MIDLAND, TX 79702 ATTN: P.R. MATTHEWS</b>		7. Lease Name or Unit Agreement Name <b>ARROWHEAD GRAYBURG UNIT</b>
4. Well Location Unit Letter <b>M</b> : <b>660</b> Feet From The <b>SOUTH</b> Line and <b>775</b> Feet From The <b>WEST</b> Line Section <b>18</b> Township <b>22S</b> Range <b>37E</b> NMPM <b>LEA</b> County		8. Well No. <b>240</b>
10. Elevation(Show whether DF, RKB, RT, GR, etc.) <b>3438 GE</b>		9. Pool name or Wildcat <b>ARROWHEAD/GB</b>

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 SUMMARY** ☒

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.

MIRU, DRILL OUT CEMENT AND FLOAT TO 3826'.  
TEST CASING TO 1000#-OK.  
PERFORATE THE FOLLOWING W/ 2 JHPF, 180 DEG. PHSD.  
3654-3658, 3695-3741, 3754-3817.  
ACIDIZE WITH 1000 GALLONS OF 15% NEFE AND SWAB BACK ACID.  
TIH WITH 2 3/8" CEMENT LINED INJECTION TUBING TO 3609'.  
SET INJECTION PACKER AT 3609, LOAD BACK SIDE WITH PACKER FLUID.  
TEST TO 500# FOR 30 MINUTES, TESTED OK.  
WORK COMPLETED ON 7-30-92.

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: **8-3-92**

TYPE OR PRINT NAME **P.R. MATTHEWS**

TELEPHONE NO. **(915)687-7812**

**ORIGINAL SIGNED BY JERRY SEXTON**

**SEP 03 '92**

APPROVED BY **DISTRICT I SUPERVISOR** TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: