

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION

Form C-103
Revised 1-1-89

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		API NO. (assigned by OCD on New Wells) 30-025-31740
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER WATER INJECTOR		6. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHEVRON U.S.A. INC.		6. State Oil & Gas Lease No. N/A
3. Address of Operator P.O. BOX 1150 MIDLAND, TX 79702 ATTN: NITA RICE		7. Lease Name or Unit Agreement Name ARROWHEAD GRAYBURG UNIT
4. Well Location Unit Letter G : 2256 Feet From The NORTH Line and 2062 Feet From The EAST Line Section 18 Township 22S Range 37E NMPM LEA County		8. Well No. 229
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3424 GE		9. Pool name or Wildcat ARROWHEAD /GB

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CMT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: COMPLETION SUMMARY <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTER CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABAN. <input type="checkbox"/>

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.

WORK PERFORMED 12-11-92 THRU 12-22-92
DRL OUT CMT TO 3816, CIRC, RUN CBL & RADIAL LOG 3000-3812. PERF 3808-3797, 30 HOLES,
2 JHPF. ACDZ W/12 BBLS 15% NEFE HCL. SWAB. PERF 3729-3768 2 JHPF, 46 HOLES. ACDZ W/16 BBLS
NEFE HCL. SWAB. PERF 3715-3674, 2 JHPF, 68 HOLES, ACDZ W/8 BBLS 15% NEFE HCL.
SWAB. SET PKR @ 3641. CIRC PKR FLUID, ND BOP, NU WH & TST TO 410 PSI.
TST WITNESSED BY CHARLIE PERRIN, OCD REP. WELL COMPLETED AS WATER INJECTOR
FINAL REPORT

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Nita Rice</u>	TITLE TECHNICAL ASSISTANT
DATE: 5/13/92	
TYPE OR PRINT NAME NITA RICE	TELEPHONE NO. (915) 687-7436
ORIGINAL SIGNED BY JERRY SEXTON	
APPROVED BY <u>JERRY SEXTON</u>	TITLE MANAGER
DATE FEB 22 1993	
CONDITIONS OF APPROVAL, IF ANY:	