Submit 3 Copies To Appropriate District	State of New Me	xico	Form C-103
Office District I	Energy, Minerals and Natu	ral Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION	DIVISION 30-30-015-	
District III	1220 South St. Fran		Type of Lease TE ⊠ FEE □
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87		1 & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	·		
87505	ICES AND REPORTS ON WELLS	7 Lease N	ame or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		JG BACK TO A	and of one rigicoment rand
DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.)	SERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		14" State
1. Type of Well: Oil Well	Gas Well 🛛 Other	8. Well Nu	mber 1
2. Name of Operator		9. OGRID	Number
CHI OPERATING, INC		0043	
3. Address of Operator		10. Pool na	me or Wildcat
PO BOX 1799 MIDLAND, TX	79702		
4. Well Location		·	
Unit Letter A: 990 feet from the NORTH line and 710 feet from the EAST line			
Section 14 Town		NMPM EDDY County	
	11. Elevation (Show whether DR,		The state of the s
Pit or Below-grade Tank Application	or Closure □	GK	6 - Hard State of the Control of the
	vater Distance from nearest fresh w	ater well Distance from near	est surface water
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN	TENTION TO:	SUBSEQUEN ⁻	Γ REPORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON 🔲	CHANGE PLANS	COMMENCE DRILLING OPNS	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT JOB	\boxtimes
OTHER:		OTHER:	m
	oleted operations. (Clearly state all p		nt dates, including estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion			
or recompletion.	•	-	
DRLD 11" INTERMEDIATE. SET			
200 SKS "C"+1% CACL2+¼# C	CF, CIRC 119 SKS. NUBOP & T	TEST-5000#, WOC 18.5 HRS	5, 3/15/05-TSTD CSG TO
1500#-½ HR.			
(OCD NOTIFIED OF ALL OPERA	TIONS DID NOT WITNESS)		
(OCD NOTH IED OF ALL OF EIGH	THOMS. DID NOT WITHESS)		
I hereby certify that the information	above is true and complete to the be	st of my knowledge and belief.	I further certify that any pit or below-
grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.			
SIGNATURE:	Wall TITLE:	DATE:	3/23/05
Type or print name: 10HN W. W	OLF ∪E-mail address:	Telephone No:	432-685-5001
For State Use Only			MAR 2 8 2005
APPROVED BY:	RECORDS ONLY TITLE		
Conditions of Approval (if any):			