- I							
Submit One Copy To Appropriate District State of	of New Me	xico	Form C-103				
Office District 1 Energy, Minera	Francy Minarals and Natural Passauras						
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.				
District II 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-015-29007 5. Indicate Type of Lease				
1000 Die Dreson Dd. Arton NM 97410	District III 1220 South St. Francis Dr.						
District IV Santa	1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		STATE STATE 6. State Oil & Gas Lease No.				
1220 S. St. Francis Dr., Santa Fe, NM 87505							
SUNDRY NOTICES AND REPORTS			7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO D DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FO			Hagerman				
PROPOSALS.)	8. Well Number 1						
1. Type of Well: Oil Well Gas Well Other	9. OGRID Number						
2. Name of Operator CHI Operating, Inc.		;	4378				
.3. Address of Operator			10. Pool name or Wildcat				
P.O. Box 1799 Midland, TX 79702			Delaware				
4. Well Location		;					
Unit Letter K 11650 feet from the S line and 2							
Section 30 Township 22S Range 27E N		County Eddy	Bellevi Marine and San				
11. Elevation (Show	whether DR,	RKB, RT, GR, etc					
12. Check Appropriate Box to Indicate Nature of	f Notice R	eport or Other	Data				
		•					
NOTICE OF INTENTION TO:	<u>-</u>		BSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS ☐ P AND A							
TEMPORARILY ABANDON		CASING/CEME					
TOLE ON METER ON ONLY		ONONVOZOLIVIĘI					
OTHER:			ready for OCD inspection after P&A				
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.							
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the							
	•						
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR							
PERMANENTLY STAMPED ON THE MAR			ION HAS BEEN WELDED OR				
The location has been leveled as nearly as possible to other production equipment.	original grou	nd contour and ha	is been cleared of all junk, trash, flow lines and				
Anchors, dead men, tie downs and risers have been cu	it off at least	wo feet helow are	aund level				
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with							
OCD rules and the terms of the Operator's pit permit and o	losure plan.	All flow lines, pro	oduction equipment and junk have been removed				
from lease and well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have							
to be removed.)	. I Ortable Da	ses have been fen	loved. (Foured offshe concrete bases do flot have				
All other environmental concerns have been addresse	d as per OCE	rules.	•				
Fig. Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non- retrieved flow lines and pipelines.							
Territy ed flow lines and piperines. X If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well							
location, except for utility's distribution infrastructure.							
When all work has been a supplied that the first of the f	•						
When all work has been completed, return this form to the	appropriate [District office to se	chedule an inspection.				
SIGNATURE tan Corbett	mine a						
SIGNATURE 1 4 CHARLES	ITTLE	_Regulatory Clei	kDATE10/15/2013				
TYPE OR PRINT NAME PAM CORBETT E-MAIL:	pamc@:	chienergyinc.com	PHONE: 432-685-5001				
For State Use Only (XX)	-						
APPROVED BY: ————————————————————————————————————	TITLE	6.00	DATE 1/16/14				
phalaons of Approval (IF any):			•				

Nor READY to RELEASE. SEE ATTACHED. The

Go to Incidents/Spills	😘 Well Insp	pections	Date N	/lod 01/16/2014
API Well No. 30-015: Well Name, HAGERMAI Well Type: Oll (Produc		, Number : 00		Eddy iTWG1401641360 // NA
Purpose Normal Routine Activity Type Routine/Periodic Notification Type Date Performed 1/16 Date NOV Date Extension	Violation Found? Significant NC? Well idle >1 Year? Check Global Comp	Current Type: O Respondant N O Well P&A'd. Marke Elec panel box and Not ready to relea	l flowline still on l	Type Status 43783
Well Name HAGERMA	29007-00-00 Owner, CHI OPERA N	Number 00	PORTS] / [INSP] County Inspect No.	Duration Eddy
Well-Type Oil (Produce Directions Purpose Normal Routine Activity Type Routine/Periodic Notification Type	Somoliance Issues Violatian Found? Significant NO? Well Idle >1 Year? Check Global comp	Current Type 0 Respondant	Status H Change ONGARD to	Type Status 4378 10-1-2011.
Date Performed 4/16 Date NOV Date Extension Date Passed Comply #	Falled Items ▷ ▷ ▷ Write Compliance Incident No	Inspector Inspection Reports from [RE	Ron Harvey PORTIS]//[INSP]	Duration