

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

WELL API NO. 30-015-26384
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-7010
7. Lease Name or Unit Agreement Name OXY-STATE
8. Well No. 1
9. Pool name or Wildcat DELAWARE WILDCAT

SUNDRY NOTICES AND REPORTS ON WELLS (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.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator CHI OPERATING, INC	
3. Address of Operator P. O. BOX 1799, MIDLAND, TEXAS 79702	
4. Well Location Unit Letter <u>K</u> : <u>1890</u> Feet From The <u>WEST</u> Line and <u>1980</u> Feet From The <u>SOUTH</u> Line Section <u>9</u> Township <u>21 S</u> Range <u>26 E</u> NMMP EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3226' GR	

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"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <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.

1) Spud 17 1/2" hole @ 6:00 am 6/23/90.

2) Run 350' 13 3/8 54.50# square csg.
cmt w/360 sks Class C 1" down back
side to circ. test csg to 1000# for
30 min.

RECEIVED

JUL 12 '90

C. C. D.
ARTESIA, OFFICE

12 hr.
WOC

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David H. Harrison TITLE PRESIDENT DATE 7/01/90
TYPE OR PRINT NAME DAVID H. HARRISON TELEPHONE NO. 915 685-5001

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: