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Form C-103 C Revised 1-1-89	12,1
Revised 1-1-89	UP

Submit 3 Copies to Appropriate District Office	State of New Mexico Energy,nerals and Natural Resources Department OIL CONSERVATION DIVISION		Form C-103 C S Revised 1-1-89 C S WELL API NO.	
DISTRICT I P.O. Box 1980, Hobbs, NM 88240				
P.O. Box 2088		30-015-26384		
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	07304-2000	5. Indicate Type of Lease	-D [
DISTRICT III			STAT	FEE
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. L-7010	
SUNDRY NO	TICES AND REPORTS ON WEL	LS		
(DO NOT USE THIS FORM FOR PF DIFFERENT RESE	ROPOSALS TO DRILL OR TO DEEPEN ERVOIR. USE "APPLICATION FOR PEF C-101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreer	nent Name
1. Type of Well: OIL GAS WELL X WELL	OTHER		OXY-STATE	
2. Name of Operator			8. Well No.	
CHI OPERATING, IN	NC.		1	
3. Address of Operator	MIDIAND TOTAL TOTAL		9. Pool name or Wildcat	
4. Well Location	MIDLAND, TEXAS 79702		DELAWARE WILDCA	AT
	890 Feet From The WEST	Line and1980	Feet From The SO	OUTH Line
Section 9	Township 21 S Rai	_{nge} 26 E	NMPM EDDY	County
	10. Elevation (Show whether I	DF, RKB, RT, GR, etc.)	1/////	
	3226' GR	7		
	Appropriate Box to Indicate N		-	
NOTICE OF IN	ITENTION TO:	SUE	SEQUENT REPORT	I OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING	G CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. D PLUG AN	D ABANDONMENT
PULL OR ALTER CASING	—	CASING TEST AND C	EMENT JOB X	
OTHER:		OTHER:		
12. Describe Proposed or Completed Ope work) SEE RULE 1103.	erations (Clearly state all pertinent details, an	d give pertinent dates, incli	uding estimated date of starting an	ry proposed (ECEIVE.)
		17# J-5	5	
Ran 122	jts of 5 1/2" productio	n csg. Cmt w/i	350 sks	JUL 12'90
Class C	4% gel. Tail in w/400	sks Class C nea	at.	O. C. D.
				RTESIA, OFFICE
Thereby and for the state of th	the and applied to the hard of any to the last	hali-f		· ·
	true and complete to the best of my knowledge and	PRESTNENT		7/10/90

I hereby certify that the init	Committion above is true and complete to the best of my l	cnowledge and belief. PRESIDENT	DATE 7/10/90
TYPE OR PRINT NAME	DAVID H. HARRISON		915 TELEPHONE NO. 685–5001
(This space for State Use)			
	. 1		
APPROVED BY		TITLE	DATE —
CONDITIONS OF APPROVA	L. IP ANY:		