

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. 30-005-21090
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-8663-1
7. Lease Name or Unit Agreement Name  NM Cap
8. Well No. #1
9. Pool name or Wildcat Caprock Queen
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4452 GR

**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>F</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>North</u> Line Section <u>19</u> Township <u>15</u> Range <u>31</u> NMPM <u>Chaves</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4452 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER: ☐

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 12 $\frac{1}{4}$ " hole on 09/22/89 @ 7:00 pm
- 2) Ran 12 jts. 8 5/8" 24# Surface Casing. Set @ 519' - Cement w/325 sks of Class C 2% A-7. Circ. 4 sks to pit. Plug down @ 6:45 am 09/23/89 WOC 12 hours. Casing test 1,000 # for 30 min.

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 09/27/89

TYPE OR PRINT NAME David H. Harrison TELEPHONE NO. (915) 685-500

(This space for State Use)

ORIGINAL SIGNED BY JERRY SIXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

OCT 9 1989