

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-33909
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CROW FLATS "9" STATE COM
8. Well Number #1
9. OGRID Number 004378
10. Pool name or Wildcat

RECEIVED

FEB 17 2005

OFFICE OF THE ATTORNEY GENERAL

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 ☐ Gas Well ☒ Other

2. Name of Operator
CHI OPERATING, INC

3. Address of Operator
P.O. BOX 1799 MIDLAND, TEXAS 79702

4. Well Location
Unit Letter M : 1310' feet from the SOUTH line and 660' feet from the WEST line
Section 9 Township 16S Range 28E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3583 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest 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 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 type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	P AND A <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

(AMENDED)

Spud on 2/8/05. Notified OCD. Drilled 17 1/2" hole to 400'. Ran 400' of 13 3/8"-48#-H-40 csg, Cmted w/250 sks "C"+4% gel+2% CaCl2+.25 pps CF & 100 sks "C"+2% CaCl2+.25 pps CF. Circ 35 sks. Plug dwn @ 1615 hrs on 2/9/05. Cut off & weld on 13 3/8"-3M, SOW wellhead. NUBOP & tst csg to 1000#-30 mins. Drilled out cmt @ 1015 hrs on 2/10/05. (WOC-18 hrs)

(Notified OCD of cement & BOP tst, did not witness)

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE John W. Wolf TITLE _____ DATE 2/10/05
Type or print name: John W. Wolf E-mail address: _____ Telephone No. 432-685-5001

For State Use Only

FOR RECORDS ONLY

APPROVED BY: _____ TITLE _____ DATE FEB 18 2005
Conditions of Approval (if any): _____