Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I	Energy, Minerals and Natural Resources		May 27, 2004 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II	OT COMPENS	A TION DISTRICTOR	30-015-33943
1301 W. Grand Ave., Artesia, NM 88210		ATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410		St. Francis Dr.	STATE FEE
District IV	Santa Fe	e, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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			OTIS "33"
PROPOSALS.)		RECEIVED	8. Well Number 3
Type of Well: Oil Well Name of Operator	Gas Well 🛛 Other		9. OGRID Number
CHI OPERATING, INC		MAR 1 5 2005	9. OGRID Number 004378
3. Address of Operator		GBB:MATESIA	10. Pool name or Wildcat
PO BOX 1799 MIDLAND, TX	79702		
4. Well Location			
Unit Letter B: 660 feet from the NORTH line and 1650 feet from the EAST line			
Section 33	Township 22S		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
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			
	ITENTION TO:	SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		- 1	
TEMPORARILY ABANDON PULL OR ALTER CASING		_	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	IT JOB
OTHER:		OTHER:	
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.			
of recompletion.			
DRLD INTERMEDIATE. 3/9/05- SET 9 5/8" 40 & 36# J-55 @ 5490. CMTD IN 2 STAGES: 1 ST STAGE: 440 SKS "C"+15%			
GEL+10% SALT+1 PPS LCM-1, 375 SKS "C"+1% CACL2+.25 PPS CF+.1% SMS. OPND DV @ 1920', CIRC 4 HRS, CIRC 38 SKS			
OF DV TOOL. 2 ND STAGE: 450 SKS SAME LEAD ON 1 ST STAGE, 50 SKS "C"+ 2% CACL2, CIRC 34 SKS. While WOC NUBOP, TST-5000#. WOC-36 hrs. Tstd csg to 1500#-½ hr.			
131-3000#. WOC-30 lits. 1std csg to 1300#-/2 lit.			
I hereby certify that the information	above is true and complet	e to the best of my knowledge	to and heliaf I footbar south that are not an helian
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/wilf be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.			
	1) 1		
SIGNATURE SIGNATURE		TITLE	DATE 3/11/05
Type or print name JOHN W.	WOLF E-mail add	lress:	Telephone No. 432-685-5001
For State Use Only MAR 2 3 2005			
A DDD OVED DV	R RECORDS ONL	<u>Y</u>	
APPROVED BY: Conditions of Approval (if any):	· · · · · · · · · · · · · · · · · · ·	ITILE	DATE
Conditions of Approval (It aliy):			