| Submit 3 Copies To Appropriate District Office   | State of New Mexico                    |                             | Form C-103<br>Revised March 25, 1999 |
|--|--|-----------------------------|--------------------------------------|
| District I<br>1625 N. French Dr., Hobbs, NM 88240  | Energy, Minerals and Natural Resources |                             | WELL API NO.                         |
| District II  | OIL CONSERVATION DIVISION              |                             | 30-015-32643                         |
| 1301 W. Grand Ave., Artesia, NM 88210<br>District III  | 1220 South St. Francis Dr.             |                             | 5. Indicate Type of Lease            |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV  | trict IV Santa Fe, INVI 87303          |                             | STATE FEE                            |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |  |                             | 6. State Oil & Gas Lease No.         |
| SUNDRY NOTICES AND REPORTS ON WELLS  |  |                             | 7. Lease Name or Unit Agreement      |
| (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.)    |  |                             | Name:                                |
| 1. Type of Well:   |  |                             | Stephens Com.                        |
| Oil Well Gas Well  | l Other RE                             | CEIVED                      |                                      |
| 2. Name of Operator CHI OPERATING, INC. NOV = 7 2003   |  |                             | 8. Well Number<br>#2                 |
| 3. Address of Operator OCD-ARTESIA P.O. BOX 1799 MIDLAND, TEXAS 79702  |  |                             | 9. Pool name or Wildcat              |
| 4. Well Location   |  |                             |                                      |
| Unit Letter : 990' feet from the <u>NORTH</u> line and _990' feet from the <u>EAST</u> line  |  |                             |                                      |
| Section 7  |  | <u> </u>                    | IMPM County EDDY                     |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.)   |  |                             |                                      |
| GL-3191' KB-3207-16'  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |  |                             |                                      |
| NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:   |  |                             |                                      |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON                       | REMEDIAL WOR                |                                      |
| TEMPORARILY ABANDON  | CHANGE PLANS                           | COMMENCE DRI                | LLING OPNS. PLUG AND ABANDONMENT     |
| PULL OR ALTER CASING   | MULTIPLE  COMPLETION                   | CASING TEST AND  CEMENT JOB |                                      |
| OTHER:   | П                                      | OTHER:                      | П                                    |
| 12. Describe proposed or com   | pleted operations. (Clearly st         | <u> </u>                    | 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 recompilation. |  |                             |                                      |
| we notice diagram of proposed completion of recompliation.   |  |                             |                                      |
| Drld 7 7/8" hole to 12,025'. Ran 51/2" 20/17# N80 production csg. Cmtd w/650sks Super "C"  |  |                             |                                      |
| 15:61:11 + .8% BA-10 + .65% CD-32 + .35% FL-52 + .3% SMS. ND BOP & Tst. Rig Released   |  |                             |                                      |
| @ 8:00, 5/07/03  |  |                             |                                      |
|  |  |                             |                                      |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |  |                             |                                      |
|  |  |                             |                                      |
| SIGNATURE KONJUNIC   |  | ATORY CLERK                 |                                      |
|  | BIN ASKEW                              | Telepho                     | one No. 915-685-5001                 |
| (This space for State use)   | / Oiz                                  | hit Super                   | isse                                 |
| APPPROVED  | Gum                                    | <i>y</i>                    | OST 0 2 2013                         |
| BY   | TITLE                                  |                             | DATE                                 |
| Conditions of approval, if any:  |  |                             |                                      |