Submit 3 Copies 10 Appropriate District State of New Mexico	Form C-103
Office Energy, Minerals and Natural Resources	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Avenue, Artesia, NM OIL CONSERVATION DIVISION	30-015-32795
88210 District III 2040 South Pacheco	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	STATE FEE
2040 South Pacheco, Santa Fe, NM 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	Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Allen Com.
PROPOSALS.)  1. Type of Well:	i mon com
Oil Well Gas Well Other	
2. Name of Operator	7. Well No.
Chi Operating, Inc.	#2
	8. Pool name or Wildcat
3. Address of Operator \Q\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8. Poor name of wildcat
P.O. Box 1799 Midland, Texas 79702	
4. Well Location	
Unit Letter : 1650 feet from the North line and 990 feet from the East line	
Unit Letter : 1650 feet from the North line and 990 feet from	om the <u>East</u> line
Section 31 Township: 22S Range: 27E NMPM	
10. Elevation (Show whether DR, RKB, RT,	GR, etc.)
GR -	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK	$\square$ ALTERING CASING $\square$
TEMPORARILY ABANDON	LING OPNS. PLUG AND
TEMI OTATIET ADAMBOTT COMMENTE DATE	ABANDONMENT
PULL OR ALTER CASING  MULTIPLE  CASING TEST AN	
COMPLETION CEMENT JOB	T LJ
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. For Multiple Completions:	
Attach wellbore diagram of proposed completion or recompilation.	
Drld 7 7/8" hole to 11,891'. Ran E-logs. Ran 51/2" 17/20# prod. csg, Pmpd 10	
"C" Mod(15:61:11 + Add). TOC @ 9100', WOC 18 hrs. Released rig @ 12:	00, 7/26/03.
I hereby certify that the information above is true and complete to the best of	my knowledge and belief.
SIGNATURE TOOW WOLLD TITLE Regulate	MUCHELDATE 8-29-03
Type or print name Robin Askew	Telephone No. 915-685-5001
(This space for State use)	
APPPROVED Sim W. Sum SUPERVISOR, DISTI	RICT II
BY TITLE	CED V A JUUS
	DATE SEI U 3 ZUUS
Conditions of approval, if any:	