State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

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

WELL API NO.
30-015-26384

5. Indicate Type of Lease
STATE [X]   FEE [ ]

6. State Oil & Gas Lease No.
L-7010

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.)

7. Lease Name or Unit Agreement Name

OXY-STATE

1. Type of Well:
OIL WELL [X]   GAS WELL [ ]   OTHER

2. Name of Operator
CHI OPERATING, INC.

8. Well No.
1

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

9. Pool name or Wildcat
DELAWARE WILDCAT

4. Well Location
Unit Letter __K__ : __1890__ Feet From The __WEST__ Line and __1980__ Feet From The __SOUTH__ Line

Section 9   Township 21 S   Range 26 E   NMPM   EDDY   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3226' 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 [X]

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.

RECEIVED

Ran 52 jts of 8 5/8 24# API csg. Set @ 2228'. Cmt w/900 sks Class C. 1" down back side to bring cmt to surface. Test csg to 1000# for 30 min.

12 hr. WOC

JUL 12 '90

O. C. D.
ARTESIA OFFICE

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE PRESIDENT   DATE 7/07/90

TYPE OR PRINT NAME DAVID H. HARRISON   TELEPHONE NO. 915 685-5001

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: