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Submit 3 Copies To Appropriate District Office State of New Me	NA I
District I 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Nati	ral Resources WELL API NO. W
District II 811 South First, Artesia, NM 88210 OIL CONSERVATION	DIVISION 30-015-31360
District III 2040 South Pac	( SIAIE   FEE PX)
District IV 2040 South Pacheco, Santa Fe, NM 87505	7505 6. State Oil & Gas Lease No. 22332
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 PL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO PROPOSALS.)	, i
1. Type of Well: Oil Well  Gas Well  Other	
2. Name of Operator	7. Well No.
Chi Operating, Inc.  3. Address of Operator	8. Pool name or Wildcat
P.O. Box 1799 Midland, Texas 79702	Undes Malaga Bone Springs
4. Well Location	
Unit Letter C: 890 feet from the North	line and 2310 feet from the West line
Section 21 Township: 24S	Range: 28E NMPM County: Eddy
10. Elevation (Show whether DR, RKB, RT, GR, etc.) GR - 3030'	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐	SUBSEQUENT REPORT OF: REMEDIAL WORK
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS: PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE COMPLETION	CASING TEST AND 🔀
OTHER:	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.	
MIRU & spud on 10/27/00. Drilled 12 ¼" hole to 693'. Set 8 5/8"-24#-J-55 @ TD. Cmtd w/300 sks C + 4% Gel + 2% CaCl2 + .25 pps CF. & 100 ske C + 2% CaCl2, Circ 40 sks. WOC 18 hrs. NU BOP & tstd to 3000#. Drilled 7 7/8" hole to 8730'. Logged & set 5 ½"-17#-J-55 & N-80 @ TD. Cmtd w/1st stage 500 sks Super C Mod. 2nd stage @ 6486' w/1000 sks C + 16% gel & 800 sks Super C Mod. Released rig 11/18/00. Will start completion ASAP.	
	( Sparit
	COVINGER #
	OCD ARTESIA
Thereby contify the Competion above in two and complete to the heat of my Impayledge and helief	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE	DATE 12/07/00
Type or print name John W. Wolf	Telephone No. 915-685-5001
(This space for State use)  ORIGINAL SIGNED BY TIM W.	DEC 1 1 200
APPPROVED BY ORIGINAL SIGNED BY TIM W. GUM  DATE  ORIGINAL SIGNED BY TIM W. GUM  DATE  DATE  DATE	