

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210 ✓

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
March 4, 2004

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.)		WELL API NO. 30-015-33527
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator CHI OPERATING, INC		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 1799 MIDLAND, TX, 79702		7. Lease Name or Unit Agreement Name SKEEN
4. Well Location Unit Letter <u>P</u> : <u>990</u> feet from the <u>SOUTH</u> line and <u>990'</u> feet from the <u>EAST</u> line Section <u>28</u> Township <u>22S</u> Range <u>27E</u> NMPM County <u>EDDY</u>		8. Well Number #2
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3130' - GR		9. OGRID Number 004378
10. Pool name or Wildcat Loving, Morrow, North		
Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)		
Pit Location: UL _____ Sect _____ Twp _____ Rng _____ Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Below-grade Tank Location UL _____ Sect _____ Twp _____ Rng _____ ; _____ feet from the _____ line and _____ feet from the _____ line		

12. 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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

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.

Spud @ 20:30 hrs, 10/22/04. Drill 17½" hole to 362'. Ran 13 3/8"-48#-J-55 csg to 362'. Cmt'd w/Lead: 350 sks "C"+4% Gel+2% CaCL2+2 pps Gils. Tail: 150 sks "C"+2% CaCL2+.25 pps CF. Circ 86 sks. Plug dwn @ 07:00 hrs-10/24/04. WOC, Cut csg off install head, tstd to 2000#. NUBOP & annular. PUBHA started in hole, tst csg to 1000#-30 mins. Drld out cmt @ 01:30 hrs 10/25/04. (Notified OCD of spud & cmt job 10/22/04.)

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/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE John W. Wolf TITLE Manager DATE 11/2/04
Type or print name JOHN W. WOLF E-mail address: _____ Telephone No. 432-685-5001

(This space for State use)

APPROVED BY _____ TITLE _____ DATE NOV 05 2004
Conditions of approval, if any: Note Total WOC Time BK