

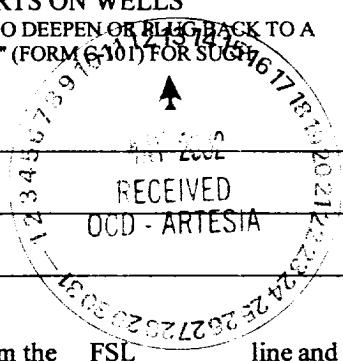
Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised March 25, 1999

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR BLAST BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM G-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-32235
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Chi Operating, Inc. /		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 1799 Midland, Texas 79702		7. Lease Name or Unit Agreement Name: Point Judith State Com.
4. Well Location Unit Letter _____: 1650' feet from the FSL line and 660' feet from the FWL line Section 36 Township T16S Range R28E NMPM County Eddy, NM		8. Well No. #1
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat



11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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 recompletion. Spud 4/25/02 @ 5:00 hrs. Drilled 17 1/2" hole to 207'. 4/26/02, ran 13 3/8"-48# csg set @ 207'. Cmted w/130 sks "C" + 4% gel + 2% CaCl2+.25 pps CF & 130 sks "C"+2% CaCl2. Circ 93 sks. WOC 18hrs. Drilled 11" hole to 1980'. 4/30/02, ran 8 5/8"-32#-J-55 set pipe @ 1908'. Cmted w/400 sks "C" lite (35:65:6)+10% salt+2pps Gils & 200 sks "C" +1% CaCl2+.25 pps CF. Circ 114 sks. WOC 18hrs.	

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

SIGNATURE Robin Askew TITLE Regulatory Clerk DATE 5/09/02

Type or print name Robin Askew Telephone No. 915-685-5001

(This space for State use)
APPROVED BY ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR TITLE _____

DATE MAY 20 2002

Conditions of approval, if any: