

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 PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-32235
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" 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, TX 79702		7. Lease Name or Unit Agreement Name: POINT JUDITH STATE COM.
4. Well Location Unit Letter <u>L</u> : 1650 feet from the <u>SOUTH</u> line and 660 feet from the <u>WEST</u> line Section 36 Township 16S Range 28E NMPM County EDDY		8. Well No. #1
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3606'-GR		9. Pool name or Wildcat

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <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 recompilation.

Spud 4/25/02 @ 5:00 hrs. Drld 17½" hole to 207'. 4/26/02, ran 13 3/8"-48# csg set @ 207'. Cmt'd w/130 sks "C" + 4% gel + 2% CaCl2+.25pps CF & 130sks "C" + 2% CaCl2. Circ 93 sks. WOC 18hrs. Drld 11" hole to 1908'. 4/30/02, ran 8 5/8"-32#-J-55 set pipe @ 1908'. Cmt'd w/400 sks "C" lite (35:65:6) + 10% salt + 2pps Gils & 200sks "C" + 1% CaCl2 + .25pps CF. Circ 114sks. WOC 18hrs. TD'd 5/20/02 @ 10,205'. 5/22/02, RD released rig @ 5:00hrs. Ran 5½"-17# csg set @ 10,207'. Cmt'd Lead w/465sks "H" lite (35:65:6) + 3% FL-52 mixed @ 12.7ppg & 1.84ft 3/sk. Tail w/320sks of Super "C" Mod + .8% BA-10+.35% FL-52+.65% CD-32+.3% SMS, mixed @ 13.2ppg & 1.57ft 3/sk. Plug dwn @ 21:17hrs.

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 7/31/02

Type or print name ROBIN ASKEW Telephone No. 915-685-5001

(This space for State use)

APPROVED [Signature] **ORIGINAL SIGNED BY TIM W. GUM**
BY [Signature] **DISTRICT II SUPERVISOR**
TITLE _____ DATE AUG 11 2002

Conditions of approval, if any: