Submit 3 Copies To Appropriate District Office <u>District 1</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	State of Energy, Minerals OIL CONSER 1220 South	VATION	ral Resources DIVISION	C (WELL API N 30-015-32235 5. Indicate Ty	Defined March		
District IV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM				6. State Oil &			
87505	0. State Off e		0.				
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG PACKIND of 5. DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 7. Lease Name or Unit Agreement Name:							
1. Type of Well: Oil Well Gas Well X Other							
2. Name of Operator Chi Operating, Inc. / #1							
3. Address of Operator P.O. Box 1799, Midland, TX 79702							
4. Well Location							
Unit Letter L_:_1650_feet from the SOUTH line and 660_feet from the WEST_line							
Section 36 Township 16S Range 28E NMPM County EDDY 10. Elevation (Show whether DR, RKB, RT, GR, etc.)							
3606'-GR							
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
	PLUG AND ABANDON	N 🗆	SUB REMEDIAL WOR		PORT OF: ALTERING CA	SING 🗌	
	CHANGE PLANS		COMMENCE DRI		PLUG AND ABANDONMEI		
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AI CEMENT JOB	ND 🗌			
OTHER:			OTHER:	Completion			

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.

6/25/02, MIRU Completion unit. 6/27/02, PBTD @10,161', set Pkr @ 9910.87'. Ran 2 3/8" tbg. 6/28/02, Perfed 10,030-41', 10,048-52'-6SPF, Pmpd 2bbls 7.5% NeFe Mrrw acid, flushed w/N2, Pmpd 23bbls acid (same) w/N2 & 50 ball sealers. 7/01/02, RD unit & released, put on sales line.

I hereby certify that the info	rmation above is true and co	omplete to the best of my knowledge and belief.
	California	REGULATORY CLERK_ DATE7/31/02
Type or print name	ROBIN ASKEW	Telephone No. 915-685-5001
(This space for State use)	ORIGINAL SIGNED BY TIM DISTRICT II SUPERVISOR	
APPPROVED BY	TITLE	DATE DATE