

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Chi Operating, Inc.

3. Address and Telephone No.

P.O. Box 1799, Midland TX 79702 915/685-5001

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FN&EL "G" Sec. 34, T18S, R29E

NM OIL CONS COMMISSION 16  
Draver DD FORM APPROVED  
Artesia, NM: Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.

NMNM010907A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Empire 34  
Federal No. 1

9. API Well No.

30-015-23290

10. Field and Pool, or exploratory Area

Eddy Undesignated Group 5

11. County or Parish, State

Eddy NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Change of Operator  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Change of operator from Southland  
Royalty Company.  
Effective date 4/1/95.

RECEIVED

JUL 28 1995

OIL CON. DIV.  
DIST. 2

14. I hereby certify that the foregoing is true and correct

Signed

*[Signature]*

Title

Vice President

Date

3/1/95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: