Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2005 CEIVED

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

WELL API N	O.		
30015	- 22814		
5. Indicate T	ype of Lease	 	$\overline{\Box}$

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEDEN OR DUIG PACK TO A CONTINUE OF THE PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
LOO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG PACK TO A	'/////////////////////////////////////	
DISECTION OF THE PROPERTY OF THE PROPERTY OF PLUG BACK TO A 7. Lease Name or Unit Agreemen	nt Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		
1. Type of Well: State 23A	State 23A	
OIL GAS WELL OTHER		
2. Name of Operator 8. Well No.		
Chi Operating, Inc. 1		
3. Address of Operator 9. Pool name or Wildcat	9. Pool name or Wildcat	
P.O. Box 1799, Midland, Texas 79702 Parkway Bone Sprin	Parkway Bone Springs	
4. Well Location		
Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West	Line	
Section 23 Township 19-S Range 28-E NMPM Eddy	County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3133.3 GR		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF	OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING C	ASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND A	BANDONMENT	
PULL OR ALTER CASING CASING TEST AND CEMENT JOB		

- 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.
 - Perforate 8220 to 8280 and cmt with 650 sks Class C.
 - Perforate the Bone Springs Sand @ 7886 to 8073.

I hereby certify that the informa	tion above is true and complete to the best of my knowl	edge md belief	DATE 11/05/92
TYPE OR PRINT NAME DO	avid H. Harrison		TELEPHONE NO.
(This space for State Use)	ORIGINAL SIGNED BY		NOV 1 6 1992
APPROVED BY	SUPERVISOR, DISTRICT IN	— TITLE ————————————————————————————————————	DATE