

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Geology, Minerals and Natural Resources Department.

Form C-103
Revised 1-1-89

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-28620

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
V-3410 & B-10716

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.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. Name of Operator
Chi Operating, Inc.

3. Address of Operator
P.O. Box 1799 Midland TX 79702

4. Well Location
Unit Letter N : 660 Feet From The South Line and 2040 Feet From The West Line
Section 26 Township 19S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3322' GL

7. Lease Name or Unit Agreement Name
Palmita st.

8. Well No.
1

9. Pool name or Wildcat
wildcat

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: Completion ☐		OTHER: ☐	

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.

Perforated 10,100' - 10,120' 2 SPF.
Acidized w/ 2000 gals 20% HCL
well Flowing 104 MCF on 32/64" CK

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

SIGNATURE John W. Guals TITLE Geologist DATE 3-1-96

TYPE OR PRINT NAME John W. Guals 915-685-5661 TELEPHONE NO.

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM TITLE DISTRICT II SUPERVISOR DATE MAR 5 1996

CONDITIONS OF APPROVAL, IF ANY: