

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.	30-015-28825
5. Indicate Type of Lease	STATE ☒ FEE ☐
State Oil & Gas Lease No.	648

RECEIVED

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	7. Lease Name or Unit Agreement Name ATLANTIC STATE
2. Name of Operator CHI OPERATING, INC.	8. Well No. 1
3. Address of Operator P.O. Box 1799 MIDLAND TX 79702	9. Pool name or Wildcat WOLF CAMP
4. Well Location Unit Letter E : 960 Feet From The WEST Line and 1980 Feet From The NORTH Line Section 14 Township 19S Range 28E NMPM EDDY County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3449' 6L 3461' LB

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

- 1) PERFORATE Morrow 11,196 - 11,204. COMPLETE Flowing 5-3-96. UNECONOMICAL. SET CIBP @ 11,180 w/ 4x5 CMT ON TOP. (6-11-96).
- 2) TEST 11,141-11,147 : 10,923 - 10,928 (Morrow). ACIDIZE w/ 1680 gals & 3800 gals CO₂. UNECONOMICAL. SET CIBP @ 10,850' w/ 4x5 CMT ON TOP.
- 3) TEST 10,449 - 10,459 (ATOKA). ACIDIZE w/ 2000 gals. UNECONOMICAL. SET CIBP @ 10,400 w/ 4x5 CMT ON TOP.
- 4) TEST 9886 - 9895. ACIDIZE w/ 2000 gals. PERF 9732 - 9783, FLOWED WATER. SET CIBP @ 9630' w/ 4x5 CMT ON TOP. (PENNY)
- 5) PERF 8858 - 8932. ACIDIZE w/ 10,000 gals 20% HCL. START PRODUCING 7/11/96. TEST 8-1-96. WOLF CAMP COMPLETION.

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

SIGNATURE

TITLE

GEOLOGIST

DATE

8-28-96

TYPE OR PRINT NAME

MIKE FOWLER

TELEPHONE NO. 915-685-5001

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

SEP 16 1996

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: