

Submit 3 Copies

to Appropriate

District Office

District I

P. O. Box 1980, Hobbs, NM 88240

District II

811 South First St., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

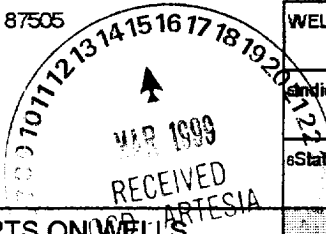
Form C-103

Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.

Santa Fe, NM 87505



WELL API NO.	30-015-30513
Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.	
Lease Name or Unit Agreement Name	Giblet State
Well No.	# 1
Pool name or Wildcat	Turkey Track; Morrow 86480
Unit Letter	: 660
Feet From The	North Line and 1650 Feet From The West Line
Section	1 Township 19S Range 29E NMPM County Eddy
Elevation (Show whether DF, RKB, RT, GR, etc.)	3420' - GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DIRLL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USA "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, Texas 79702

4 Well Location
Unit Letter : 660 Feet From The North Line and 1650 Feet From The West Line
Section 1 Township 19S Range 29E NMPM County Eddy

5 Elevation (Show whether DF, RKB, RT, GR, etc.)
3420' - GR

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Completion update. ☒

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.

Finished buildup in Atoka AD (2/28/99) very tight & uneconomical. RU 3/10/99. TIH W/ slickline & dropped TCP gun. Ran correlation log & added Atoka AE Sand. Perf'd w/ TTG @ 4spf 10944-46' & 10,956-62'. Will be filing completion & four point.

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

SIGNATURE John W. Wolf TITLE Engineer DATE 3/12/99

TYPE OR PRINT NAME John W. Wolf TELEPHONE NO 915-685-5001

(This space for State Use)

APPROVED BY Jim W. Green TITLE District Supervisor DATE 3-16-99

CONDITIONS OF APPROVAL, IF ANY: