Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

RECEIVED
OCT 17 '90
RECEIVED
OCT 1 '90
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

WELL API NO.
30-015-26461

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
K-5261

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.)

7. Lease Name or Unit Agreement Name
WISER STATE

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

8. Well No. 2

2. Name of Operator
CHI OPERATING, INC

9. Pool name or Wildcat
UND. DELAWARE

3. Address of Operator
P. O. BOX 1799, MIDLAND, TX 79702

4. Well Location
Unit Letter N : 330 Feet From The SOUTH Line and 1690 Feet From The WEST Line

Section 9 Township 21 S Range 26 E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3288 GR

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 [X]	
OTHER: [ ]		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.

RAN 53 jts 8 5/8" 24# J-55 Csg. Set @ 2211' -
Cmt w/975 sks Class C. 1" backside to cir. Test
Csg to 1000# for 30 min. WOC 18 hours.
Pump 8 stages, 746 sks Class C cmt.

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

SIGNATURE [signature] TITLE PRESIDENT DATE 09/27/90

TYPE OR PRINT NAME DAVID H. HARRISON TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 26 1990

CONDITIONS OF APPROVAL, IF ANY: