

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

2157  
SEP

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

SEP 19 '90

WELL API NO. 30-015-26462
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K5261
7. Lease Name or Unit Agreement Name WISER STATE
8. Well No. 1
9. Pool name or Wildcat UND DELAWARE

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> O. C. D. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR ALTER A RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator CHI OPERATING, INC.	
3. Address of Operator P. O. BOX 1799	
4. Well Location Unit Letter <u>F</u> : <u>2268'</u> Feet From The <u>NORTH</u> Line and <u>2097</u> Feet From The <u>WEST</u> Line Section <u>9</u> Township <u>21 S</u> Range <u>26 E</u> NMPM <u>EDDY</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3230 GR	

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) Spud 17 1/2" hole @ 6:30 pm 09/05/90.
- 2) Run 350' 13 3/8" 54.50 CSG Surface Casing, cmt. w/350  
sks Class C - 1" down back side to cir. Top off w/8 yds  
Ready Mix. Test to 1000# for 30 min.

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

SIGNATURE

*David H. Harrison*

TITLE

PRESIDENT

DATE 09/10/90

TYPE OR PRINT NAME

DAVID H. HARRISON

915  
TELEPHONE NO. 685-5001

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

SEP 21 1990

CONDITIONS OF APPROVAL, IF ANY: