

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

Form C-103

Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.

Santa Fe, NM 87505

WELL API NO.

30-015-30058

Indicate Type of Lease

STATE ☒FEE ☐

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name

Big Eddy Unit

Well No.

140

Pool name or Wildcat

Golden Lane; Delaware, South 28340

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

GAS

WELL ☒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 E : 1980 Feet From Th North Line and 990 Feet From Th West LineSection 16 Township 21S Range 29E NMPM Eddy County

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

3351 GL

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

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COMMENCE DRILLING OPNS.

☐

CASING TEST AND CEMENT JOB

☐

ALTERING CASING

☐

PLUG AND ABANDONMENT

☐

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.

10/18/99. MIRU. Load tbg. ND Tree, NU BOP, Unset Pkr, TOH. RU & RIH w/CIBP & set @ 11722'. Made two runs & dumped 35' cmt. RIH & set CIBP @ 7047'. Made two runs & dumped 35' cmt. PBT 7012'. RU & perf 6700-727 w/2SPF. TIH w/PKR & acidized w/1000 gals 5% NeFe HCL & balls. Swab tstd. 10/25/99, fractured w/15000 gals 30Q Foam & 37000 lbs 20/40 & 18000 lbs. 20/40 CRS. Flow/swab recovering load. 11/03/99, placed on pump tst. prior to tstg. additional Delaware intervals.

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

SIGNATURE

TITLE

Engineer

DATE

11/19/99

TYPE OR PRINT NAME

John W. Wolf

TELEPHONE NO 915-685-5001

(This space for State Use)

APPROVED BY

For Record Only

TITLE

DATE

12-1-99

CONDITIONS OF APPROVAL, IF ANY: