

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

clsf

District I

P. O. Box 1980, Hobbs, NM 88240

District II

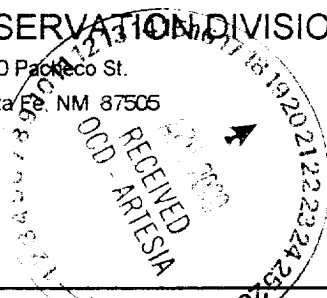
P. O. Drawer DD, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505



|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-015-30058                                                                     |
| Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| State Oil & Gas Lease No.                                                                        |
| Lease Name or Unit Agreement Name<br>Big Eddy Unit                                               |
| Well No.<br># 140                                                                                |
| Pool name or Wildcat<br>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. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

|                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                                                                      |
| 2Name of Operator<br>Chi Operating, Inc.                                                                                                                                                                    |
| 3Address of Operator<br>P. O. Box 1799 Midland, Texas 79702                                                                                                                                                 |
| 4Well Location<br>Unit Letter <u>E</u> : 1960 Feet From Th <u>North</u> Line and <u>990</u> Feet From Th <u>West</u> Line<br>Section <u>16</u> Township <u>21S</u> Range <u>29E</u> NMPM <u>Eddy</u> County |
| 10Elevation (Show whether DF, RKB, RT, GR, etc.)<br>3351 GL                                                                                                                                                 |

|                                                                              |                                           |                                                     |                                                |
|------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|------------------------------------------------|
| 11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |                                           |                                                     |                                                |
| NOTICE OF INTENTION TO:                                                      |                                           | SUBSEQUENT REPORT OF:                               |                                                |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                               | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" type="checkbox"/>   | ALTERING CASING <input type="checkbox"/>       |
| TEMPORARILY ABANDON <input type="checkbox"/>                                 | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ANBANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>                                |                                           | CASING TEST AND CEMENT JOB <input type="checkbox"/> |                                                |
| OTHER <input type="checkbox"/>                                               |                                           | OTHER <input type="checkbox"/>                      |                                                |

12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Pmp tested Delaware perms. 6706-26'. @ 5 BOPD, 155 BWPD. 11/03/99 to 12/27/99. Non-commercial  
1/04/00, TIH w/RBP & set @ 5764'. Perf'd Delaware @ 5626-30'. Acidized & swb tstd @ 2 BOPD, 53 BWPD Non-c.  
1/08/00, PUH & perfd Delaware Sand @ 5174-81'. Acidized & swb tstd @ 2 BOPD & 105 BWPD. Non-commercial.  
1/14/00, PUH & perfd Delaware Sand @ 4372-82'. Swb tstd @ 45 BOPD & 23 BWPD.  
1/21/00, PUH & perfd Delaware Sand @ 3166-73'. Acidized & pmp tstd @ 0 BOPD & 94 BWPD. Non Com.  
3/13/00, Squeezed perms @ 3166-73'. 3/18/00, PUH & perfd Delaware Sand @ 3114-27'. Acidized & swb tstd  
37 BOPD & 56 BWPD. 3/25/00, TIH w/CIBP & set 4595', dumped 35' cmt. Hung on pump to tst. w/lower zone @  
4372-82'. Zones pmp tstd @ 11BOPD & 50 BWPD. 4/05/00, TIH w/Pkr & acidized 4372-82' interval. Swb tstd @  
40 BOPD & 50 BWPD & show of gas. Hung back on pmp to tst w/upper zone.

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

|                                        |                                  |                      |
|----------------------------------------|----------------------------------|----------------------|
| SIGNATURE                              | TITLE <u>Engineer</u>            | DATE <u>04/18/00</u> |
| TYPE OR PRINT NAME <u>John W. Wolf</u> | TELEPHONE NO <u>915-685-5001</u> |                      |

(This space for State Use)

|                                 |                                      |                         |
|---------------------------------|--------------------------------------|-------------------------|
| APPROVED BY                     | TITLE <u>SUPERVISOR, DISTRICT II</u> | DATE <u>APR 25 2000</u> |
| CONDITIONS OF APPROVAL, IF ANY: |                                      |                         |