

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Geology, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

WELL API NO.

30-015-22739

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V-2987

7. Lease Name or Unit Agreement Name

ZIMA

8. Well No.

1

9. Pool name or Wildcat

UNDESIGNATED BONE SPRING

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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

2. Name of Operator

CHI OPERATING, INC.

3. Address of Operator

PO Box 1799, MIDLAND, TX 79702

4. Well Location

Unit Letter B : 1660 Feet From The NORTH Line and 1980 Feet From The EAST Line

Section 116

Township 24 S

Range 28 E

NMPM EDDY

County

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

3033' GR / 3046' KB

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: COMPLETION OF REENTRY ☒

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) MIRM WORKOVER UNIT 1/9/94. NU BOP'S.

2) PERFORATE BONE SPRINGS 7126-7336' w/ 14 HOURS.

3) ACIDIZE w/ 2000 gal 15% NBF. FRAC w/ 75,000 gal + 195,000 lb 16/30 SAND

4) RUN PACKER ON 2-3/8" TUBING. SET PACKER @ 7017'.

5) FLOW TEST. WELL.

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

SIGNATURE

David C. Myers

TITLE

OPERATIONS MANAGER

DATE

3/8/94

TYPE OR PRINT NAME

DAVID C. MYERS

TELEPHONE NO. 915 685-5001

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

MAR 25 1994

CONDITIONS OF APPROVAL, IF ANY: