

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.
03-015-26266

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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
P. O. BOX 1799, MIDLAND, TX 79702

4. Well Location
Unit Letter M : 660 Feet From The SOUTH Line and 660 Feet From The WEST Line
Section 19 Township 22 Range 27 NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3172 GR

7. Lease Name or Unit Agreement Name
MERLAND

8. Well No.
1

9. Pool name or Wildcat
S. CARLSBAD DELEWARE

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 12 1/4" hole @ 1:00 PM 02/05/90.
- 2) Run 14 jts 8 5/8" 24#, J-55 surf. csg. set @ 570', cmt w/360 sks premium plus cement w/1% CaCl 2, circ 50 sks to pit. Test BOP & cs 6 to 2000#

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

SIGNATURE David H. Harrison TITLE Oper. Manager DATE 02/10/90

TYPE OR PRINT NAME DAVID H. HARRISON TELEPHONE NO. 915 685-5001

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

APPROVED BY _____ TITLE _____ DATE FEB 16 1990

CONDITIONS OF APPROVAL, IF ANY: