Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
PO Box 2088 RECEIVED

WELL API NO.

• •	P.O. BOX 2000 M. CLIVED		03-015-26266		
OSTRICT II Santa Fe, New Mexico 8750 O. Drawer DD, Anesia, NM 88210		37504-2088	5. Indicate Type of Lease STATE FEE		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		FEB 16 '90	6. State Oil & Gas Lease No.		
SUNDRY NOTICES AND REPORTS ON WELLS C. C. D.					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN ORFESIA BROKED A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL GAS WELL XX WELL	OTHER		MERLAND		
2. Name of Operator CHI OPERATING, INC.	/		8. Well No.		
3. Address of Operator P. O. BOX 1799, MIDI	AND, TX 79702		9. Pool name or Wildcat S. CARLSBAD DELEWARE		
4. Well Location Unit Letter M : 660 Fe	ect From The WEST	Line and 66	O Feet From The SOUTH Line		
Section 19 To	ownship ²² Ran	27	NMPM EDDY County		
Section 19 Township 22 Range 27 NMPM LDD1 County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3172, GR					
11. Check Appro	opriate Box to Indicate N	Nature of Notice, R	eport, or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONM			GOPNS. PLUG AND ABANDONMENT X		
PULL OR ALTER CASING CASING TEST AND C		EMENT JOB			
OTHER:		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.					
TD well @ 12:30 AM 02 Plugs set @:	2/13/90 plug & ab	andonment on 02	2/13/90.		
1) 2785 ' -		6 sks Class C			
2) 1501' -		l sks Class C			
3) 825' -		l sks Class C			
4) 614' –		8 sks Cláss C O sks Class C			
5) Surface	1,	U SKS CIASS C			

	formation above is true and complete to the best of my is	onowiedge and belief. Oper. Manager	02/15/90
TYPE OR FRINT NAME	DAVID H. HARRISON		915 TELEPHONE NO. 685-5001
(This space for State Use)			
ATTENDED BY		TITLE	DATE