State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
FEB 16 '90

O. C. D.
ARTESIA. OFFICE

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.)

7. Lease Name or Unit Agreement Name

MERLAND

1. Type of Well:
OIL WELL ☒   GAS WELL ☐   OTHER

2. Name of Operator
CHI OPERATING, INC.

8. Well No.
1

3. Address of Operator
P. O. BOX 1799, MIDLAND, TX 79702

9. Pool name or Wildcat
S. CARLSBAD DELEWARE

4. Well Location
Unit Letter __M__ : __660__ Feet From The __WEST__ Line and __660__ Feet From The __SOUTH__ Line

Section __19__ Township __22__ Range __27__ NMPM __EDDY__ County

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

11. **Check Appropriate Box to Indicate Nature of Notice, Report, 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 ABANDONMENT ☒
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT 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.

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TD well @ 12:30 AM 02/13/90.- plug & abandonment on 02/13/90.
Plugs set @:
         1)    2785' - 2665'        46 sks Class C
         2)    1501' - 1400'        31 sks Class C
         3)     825' -  725'        31 sks Class C
         4)     614' -  514'        28 sks Class C
         5)    Surface              10 sks Class C
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE Oper. Manager   DATE 02/15/90

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

(This space for State Use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: