

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

RECEIVED  
FEB 24 1993

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.

30-015-27205

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

Gumby

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

Und Delaware

4. Well Location

Unit Letter I : 990 Feet From The East Line and 2310 Feet From The South Line

Section 23 Township 24-S Range 28 -E NMPM Eddy County

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

2933 GR

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: \_\_\_\_\_

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.

- Spud @ 2:30 am on 11/26/92.
- Ran 13 3/8" 54.5# csg set @246' cmt w/ 400 sk Class C. Did not circ. Circ w/ 200 sks down backside - Test to 1,000 PSI for 1 hr.
- Ran 22 jts of 8 5/8 24# csg set @ 595' cmt w/ 600 sk Class C. Circ 50 sk to pit. Test to 1,000 PSI for 1 hour.
- Ran 149 jts 5 1/2 15.50# csg set @ 6250'. Cmt w/ 250 sks Class C.

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

SIGNATURE

TITLE

President

DATE 2/15/93

TYPE OR PRINT NAME

David H. Harrison

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: