

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO.

30-015-31360

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

22332

7. Lease Name or Unit Agreement Name:

Pardue

7. Well No.

1

8. Pool name or Wildcat

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, Texas 79702

4. Well Location

Unit Letter C : 890 feet from the North line and 2310 feet from the West line

Section 21 Township: 24S Range: 28E NMPM County: Eddy

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR - 3030'

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

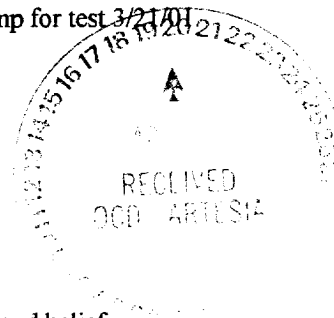
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: COMPLETION ☒

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

MIRU & started completion 1/30/01. RU & ran CBL from PBTD 6476' to TOC @ 4150'. Perf & tested 5442-44'. Set RBP, tested 5194-97'. Set RBP & tested 5150-58'. Set RBP & tested 5080-104'. Hung all zones on pump for test 3/21/01



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

SIGNATURE

TITLE

DATE 4/06/01

Type or print name

John W. Wolf

Telephone No. 915-685-5001

(This space for State use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY

TITLE

DATE

Conditions of approval, if any:

NOV 18 2001