

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

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

APR 10 1994

WELL API NO. 30-015-26924
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. V 2785
7. Lease Name or Unit Agreement Name WOLVERINE STATE
8. Well No. 1
9. Pool name or Wildcat UND DELAWARE
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 A : 660 Feet From The EAST Line and 660 Feet From The NORTH Line Section 23 Township 25-S Range 27E NMPM EDDY County
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

- 1) MIRA WORKOVER RIG 2/16/94.
- 2) POH w/ RODS AND TUBING.
- 3) SET 4 1/2" CIBP @ 5671' ON W/L. TIH w/ TBG + TAG SAME.
- 4) CIRC HOLE w/ SALT GEL.
- 5) SPOT 10 SX CEMENT ON TOP CIBP. SPOT 25 SX PLUG @ 5000'.
- 6) PERF @ 2250'. SET CMT RETAINER @ 2200' + 3QZ w/ 150 SX. POH.
- 7) TIH + TAG TOC 2725'. PERF 4 1/2" @ 1200'. BULLHEAD 5QZ w/ 230 SX.
- 8) TIH + TAG TOC 1081'. PERF 4 1/2" @ 310'. COULD NOT PUMP IN.
- 9) SPOT 30 SX PLUG ACROSS PERF'S @ 310'.
- 10) END BOP'S. CUT WORKHEAD. SET 10' PLUG IN TOP. INSTALL P+H MARKER.

Port RD-2
5-13-94
PFA

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

SIGNATURE David C. Myers TITLE Operations Manager DATE 4/18/94
TYPE OR PRINT NAME DAVID C. MYERS TELEPHONE NO. 915-685-5001

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep II DATE 4-13-95

CONDITIONS OF APPROVAL, IF ANY: