

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 May 27, 2004

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30- 041-20932
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Todd
8. Well Number #1
9. OGRID Number
10. 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

Month - Year  
 MAR 19 2007  
 OCD - ARTESIA, NM

2. Name of Operator  
 CHI OPERATING, INC

3. Address of Operator  
 PO BOX 1799 MIDLAND, TX 79702

4. Well Location  
 Unit Letter I : 1980 feet from the SOUTH line and 990 feet from the WEST line  
 Section 29 Township 7S Range 35E NMPM County Roosevelt

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 GL-4224'; KB-4236'

Pit or Below-grade Tank Application  or Closure

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

12. 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 COMPL

OTHER:

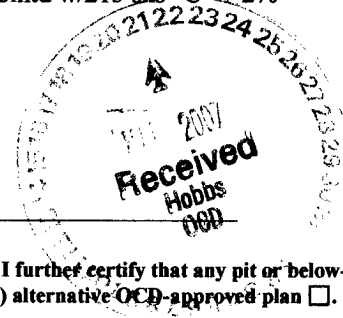
SUBSEQUENT REPORT OF:

REMEDIAL WORK  ALTERING CASING   
 COMMENCE DRILLING OPNS.  P AND A   
 CASING/CEMENT JOB

OTHER:

13. 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 recompletion.

Notified OCD prior to spud 2/15/07 @ 9:30. Drilled surf to 357', Ran 8 5/8" surface csg, J55 24#. Cmted w/215 sxs "C" + 2% CACL2, Circ 96 sxs t/pit, bump plug holding, NU BOP, WOC 20 1/2 hrs, tst csg t/1000#-1/2 hr-ok.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan .

SIGNATURE: Robin Askew TITLE: REGULATORY CLERK DATE: 3/9/07

Type or print name: ROBIN ASKEW E-mail address: \_\_\_\_\_ Telephone No: 432-685-5001  
**For State Use Only**

APPROVED BY: Hayley Wink TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any): \_\_\_\_\_

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

MAR 27 2007