Form C-103 Submit 3 Copies To Appropriate District State of New Mexico Office Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II 30-015-32643 OIL CONSERVATION DIVISION 1301 W. Grand Ave., Artesia, NM 88210 5. Indicate Type of Lease District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 STATE FEE Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 1220 S. St. Francis Dr., Santa Fe, NM 87505 7. Lease Name or Unit Agreement SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Name: DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Stephens Com. RECEIVED Oil Well Gas Well Other NOV - 7 2003Name of Operator 8. Well Number #2 CHI OPERATING, INC. OCD-ARTESIA 9. Pool name or Wildcat 3. Address of Operator P.O. BOX 1799 MIDLAND, TEXAS 79702 Well Location Unit Letter : 990' feet from the NORTH line and 990' feet from the EAST line Section Township 23S Range 27E **NMPM** County EDDY 10. Elevation (Show whether DR, RKB, RT, GR, etc.) GL-3191' KB-3207-16' 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 MULTIPLE** П CASING TEST AND П COMPLETION **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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation. Drld 12¹/₄" hole to 5340'. Ran 9 5/8" 36/40# N80/J55 csg. Cmtd 1st stage 700sks "C", Lead 500sks 36:65:6 + 5% salt + 1# LCM-1, Tail 200sks + 1/4 # CF. DV Tool @ 1901'. 2nd stage 600sks "C", Lead 500sks 35:65:6 + 10% salt + 1# LCM, Tail 100sks + 1% CaCL + 1/4 # CF. Circ 30sks. WOC 18 hrs. I hereby certify that the information above is true and complete to the best of my knowledge and belief. **SIGNATURE** TITLE REGULATORY CLERK DATE 4/10/03 Type or print name **ROBIN ASKEW** Telephone No. 915-685-5001 (This space for State use) District Supervisors in W. Sum APPPROVE D

TITLE

BY

Conditions of approval, if any: