

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  
Revised March 25, 1999

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

WELL API NO. 30-015-32643
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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:  Stephens Com.
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	RECEIVED	
2. Name of Operator CHI OPERATING, INC.	NOV - 7 2003	8. Well Number #2
3. Address of Operator P.O. BOX 1799 MIDLAND, TEXAS 79702	OCD-ARTESIA	9. Pool name or Wildcat
4. Well Location Unit Letter <u>  </u> : <u>990'</u> feet from the <u>NORTH</u> line and <u>990'</u> feet from the <u>EAST</u> line  Section <u>7</u> Township <u>23S</u> Range <u>27E</u> NMPM County <u>EDDY</u>		
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	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>

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.

Spud 3/21/03. Drld 17½" hole to 352'. Ran 13 3/8" 68# J55 surface csg. Cmt'd 265sk "C" + 4% gel + 2% CaCL2 + 2pps LCM-1, 100sk "C" + 2% CaCL2 + .2pps CF, Circ 148sk. WOC 18 hrs.

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

SIGNATURE Robin Askew TITLE REGULATORY CLERK DATE 4/10/03

Type or print name ROBIN ASKEW Telephone No. 915-685-5001

(This space for State Use)

APPROVED BY Jim W. Lewis TITLE District Supervisor DATE OCT 02 2003

Conditions of approval, if any: