Submit 3 Copies To Appropriate District  State of New M  Office	
District I 2 3 Energy, Minerals and Nat	ural Resources Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 88236 District II 1301 W. Grand Ave. Artesia NM 88210 DIL CONSERVATION	1
1301 W. Grand Ave., Artesia NW 88210  District III  Distri	DIVIDIOI
1000 Rio Brazos Rd., Aztec, NM 87610 PCE Mos Santa Fe, NM 8	
1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505	
SUNDRY SOTICES AND REPORTS ON W.	ELLS 7. Lease Name or Unit Agreement
(DO NOT USE THIS FORM FOR PROPOSALS TO DEALL OR TO DEEPEN OR PL DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR	UG BACK TO A Name:
PROPOSALS.)	Ryan
1. Type of Well:	
Oil Well Gas Well Other  2 Name of Operator	8. Well No.
2. Name of Operator Chi Operating, Inc.	8. Well No. 2
3. Address of Operator	9. Pool name or Wildcat
P.O. Box 1799, Midland, Texas 79702	5. Tool hame of window
4. Well Location	
Unit Letter 1: 990 feet from the North	line and 990 feet from the East line
Section 5 Township 23S Range	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3/65 GR	
11. Check Appropriate Box to Indicate 1	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐	SUBSEQUENT REPORT OF:  REMEDIAL WORK
	_
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND (X).
	·
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.	
we need a diagram of proposed completion of recompilation.	
Spud 1/28/03. Drld 17½" hole to 352'. Ran 13 3/8" 54.5# Surface Csg. Cmtd w/400sxs "C" Lead 210sxs + add.	
Tail 190sxs + add. Circ 187sxs. NU Tst & WOC 18hrs. Drlg 121/4" hole to 5478'. Ran 9 5/8" 40# Int. Csg. Cmtd	
$1^{st}$ stage w/450sxs 35/65:6 + 5% Salt. Tail 200sxs "C" + ½	4 # CF. Cmtd 2 <sup>nd</sup> stage Lead 300sxs 35/65:6 + 10% Salt
+ 1# LCM1-250sxs 35/65:6 + 5% Salt. Tail 100sxs "C" +	1% CaCL + ¼ # CF, Circ 102sxs, NU Tst & WOC
18hrs.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE (1) W TITLE Regulatory Clerk DATE 3/04/03	
SIGNATURE K(Y) W/WWW TITLE Regulatory Clerk DATE 3/04/03	
Type or print name Robin Askew	Telephone No. 915-685-5001
(This space for State use)	
ADDDD OVUS	
APPPROVED. BY WE SEEMFITLE District Separation DATE MAR 11 2003	
Conditions of approval, if any:	