

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

WELL API NO.

30-015-33781

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
VALLE FELIZ

8. Well Number 2

9. OGRID Number
004378

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

2. Name of Operator
CHI OPERATING, INC

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

4. Well Location

Unit Letter LOT4 : 860 feet from the NORTH line and 1250 feet from the WEST line
Section 3 Township 22S Range 26E NMPM County EDDY

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3215 GR

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.

1/17/05 - Set 13 3/8"-68#-J-55 @ 507'. Cmdt w/150 sks "H"+10% A-10+4 pps LCM-1+1% CaCl2, 350 sks "C"+4% gel+2% CaCl2+2 pps LCM-1, 150 sks "C"+2% CaCl2+.25 pps CF, circ 240 sks. Cut off, NU wellhead, & annular, tstd to 500#. PU BHA & TIH, tstd csg to 500# for 1/2 hrs. WOC- 21 1/4 hrs. before drillout.

(Notified OCD of cement job, did not witness).

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 John W. Wolf TITLE _____ DATE 2/20/05

Type or print name JOHN W. WOLF E-mail address: _____ Telephone No. 432-685-5001

For State Use Only

FEB 24 2005

APPROVED BY: _____ FOR RECORDS ONLY TITLE _____ DATE _____

Conditions of Approval (if any):