

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

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

<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.)		WELL API NO. 30-015-33781
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator CHI OPERATING, INC		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 1799 MIDLAND, TX 79702		7. Lease Name or Unit Agreement Name VALLE FELIZ
4. Well Location Unit Letter <u>LOT4</u> : <u>860</u> feet from the <u>NORTH</u> line and <u>1250</u> feet from the <u>WEST</u> line Section <u>3</u> Township <u>22S</u> Range <u>26E</u> NMPM County <u>EDDY</u>		8. Well Number <u>2</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3215 GR</u>		9. OGRID Number 004378
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat
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

<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 COMPL <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"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

1/23/05 - Set 9 5/8"-36#-J-55 @ 2177'. Cmdt w/150 sks "H"+10% A-10+4 pps LCM-1+1% CaCl2, 450 sks "C"+4% gel+2% CaCl2+2 pps LCM-1, 150 sks "C"+2% CaCl2+25 pps CF, circ 135 sks. Set slips, cut off, NU wellhead, NUBOP/annular, tstd to 5000#. PU BHA & TIH, tstd csg to 700# for 1/2 hrs. WOC-27 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 2/21/05

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

For State Use Only

APPROVED BY: \_\_\_\_\_ FOR RECORDS ONLY TITLE \_\_\_\_\_ DATE FEB 24 2005

Conditions of Approval (if any):