

State of New Mexico
Energy, Minerals and Natural Resources

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

WELL API NO.

30-015-33493

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
PEACEKEEPER

8. Well Number 1

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

RECEIVED

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

MAY 24 2005

OCD-ARTESIA

4. Well Location

Unit Letter I : 1650 feet from the SOUTH line and 990 feet from the EAST line

Section 26 Township 22S Range 27E NMPM EDDY County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3349

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.

Notified OCD prior to spud 5/6/05 @ 16:00 hrs CDT. Drilled surface to 324', set 13 3/8", J-55, 68#. Cmt @ 324' w/200 sks "H"+10% Gyp+6 pps Gils+2% CaCl2 +.25 pps CF, 250 sks "C"+4% gel+2% CaCl2+2 pps Gils, 100 sks "C"+ 2% CaCl2+.25 pps CF. Did not circ. Plg dwn 5/12/05 @ 07:30 hrs-CDT. Notified OCD. Ran temp survey. Cmt @ 100', used 30 yds ready mix, cmt @ surface, informed OCD. NU wellhead, NUBOP, PUBHA, WOC 22½ hrs before tstg. csg/annular to 1000#-½ hr-ok. @ 06:00 hrs - 5/13/05.

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: _____ TITLE: _____ DATE 5/20/05

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

For State Use Only

APPROVED BY: _____ TITLE: _____ DATE MAY 24 2005

Conditions of Approval (if any) FOR RECORDS ONLY