

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
May 27, 2004

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

WELL API NO	30-015-30664
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	24696
7. Lease Name or Unit Agreement Name	Silver Streak State Com
8. Well Number	1
9. OGRID Number	004378
10. Pool name or Wildcat	Crow Flats; Morrow, Southeast Gas

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,517' GR

Pit or Below-grade Tank Application ☒ or Closure ☐

Pit type steel pit 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 _____

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
P.O. Box 1799 Midland, Texas 79702

4. Well Location
Unit Letter G: 1,400 feet from the North line and 1,650 feet from the East line
Section 8 Township 17-S Range 28-E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,517' GR

Pit or Below-grade Tank Application ☒ or Closure ☐

Pit type steel pit 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

13 3/8", 48# csg @ 440' w/ 450 sx, circulated; 8 3/8", 32# csg @ 1,929' w/ 500 sx, circulated; 5 1/2" 17/20# csg @ 9,920' w/ 700 sx, TOC @ 5,900' by CBL. Open perfs 8,158 - 8,166'. 2 3/4" tubing & packer @ ~ 8,100'

Notify NMOCD 24 hrs prior to move in, and 4 hrs prior to plugs, hold daily tailgate safety meetings w/ crews. Set steel pit prior to MI

1. POOH w/ production tubing. Set CIBP @ 8,108'. Circulate hole w/ mud and pump 25 sx C cmt on CIBP.
2. Cut & pull 5 1/2" casing from ~ 5,500' (based on stretch measurements)
3. Pump 45 sx C cmt @ ~ 5,550' 50' inside casing stub WOC & TAG
4. Pump 40 sx C cmt @ 4,000'
5. Pump 50 sx C cmt @ 1,979' shoe plug WOC & TAG
6. Pump 35 sx C cmt @ 490' surface casing shoe plug - TAG
7. Pump 15 sx C cmt 50' to surface.

Cut off wellhead & anchors, install dry hole marker

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 James F. Newman TITLE Engineer, Triple N Services, Inc. DATE 03/20/06

Type or print name James F. Newman, P.E. E-mail address: jim@triplenservices.com Telephone No. 432.687.1994

For State Use Only

APPROVED BY: Phil Hansen TITLE Field Sup. DATE 3/23/06

Conditions of Approval (if any):