Submit 3 Copies To Appropriate District Office	State of New Mexico	JUL - 7 2009 Form C-103
District I	Energy, Minerals and Natural Resour	Ces June 19, 2008 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u>	OIL CONSERVATION DIVISIO	30-015-36657
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE X FEE  6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	,	o. State Off & Gas Lease No.
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)		o w lly
1. Type of Well: Oil Well X Gas Well Other		8. Well Number 1H
·	Operating, Inc.	9. OGRID Number
3. Address of Operator P.O. Box 1 Oklahoma	8496 City, OK 73154-0496	10. Pool name or Wildcat Wildcat; Bone Spring
4. Well Location		
	<del></del>	and 350' feet from the East line
Section 32	Township 24S Range 30E 11. Elevation (Show whether DR, RKB, RT, C	NMPM County Eddy
	3259' GR	JR, etc.)
12. Check A	ppropriate Box to Indicate Nature of N	lotice, Report or Other Data
NOTICE OF IN		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIA	Emand Emand
TEMPORARILY ABANDON DULL OR ALTER CASING	i	ICE DRILLING OPNS.☐ P AND A ☐ CEMENT JOB ☐
DOWNHOLE COMMINGLE	J. O. KONTO, K.	
OTHER: Move Test Oil	☐ OTHER:	
		tails, and give pertinent dates, including estimated date ons: Attach wellbore diagram of proposed completion
Dear Sirs/Madams:		
Please find attached NMOCD's 19 This well is still in the completion It is estiamted that 5000 BO will	04 (RT-Testing Allowable) 1/testing operations. to produced during the month of July.	C-104(RT) approved for June. Only 1 C-104(RT) Uawed per zone.
,	,	luna Only 1 c-by(RT)
Mileo respects at a superior	1 155570	
DENIE		uaved per zone.
	9	
Spud Date:	Rig Release Date:	1100 to the entry of the late of the course
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I hereby certify that the information	above is true and complete to the best of my kr	nowledge and belief.
SIGNATURE Dry	TITLE_Senior Regulatory	Compl. Sp. DATE 07/06/2009
	1/	
Type or print name Bryan Arrant For State Use Only	E-mail address: bryan.arr	rant@chk.com PHONE: (405)935-3782
APPROVED BY:	Accepted for record	DATE
Conditions of Approval (if any):	NMOCD %	NR