| Office District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rto Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS Of (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEE DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FOR 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 | PEN OR PLUG BACK TO A | WELL API NO. 3001536432 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agree Wallace State 8. Well Number 4H 9. OGRID Number 10. Pool name or Wildcat Logan Draw, Wolfcamp | |
|---|------------------------------|---|-----------------|
| 4. Well Location SHL Unit Letter I: 2180 feet from the SOUTH line and 10 feet from the EAST line BHL L: 2310' FSL & 330' FWL Section 9 Township 175 Range 27E NMPM County EDDY | | | |
| | hether DR, RKB, RT, GR, etc. | | ny upo i |
| 12. Check Appropriate Box to In NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL DOWNHOLE COMMINGLE | SUE REMEDIAL WOR | BSEQUENT REPORT OF RK ALTERING BILLING OPNS. P AND A | F: CASING [] |
| OTHER: 13. Describe proposed or completed operations. (Clearly | OTHER: | Completion | estimated date |
| of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 11/08 Completion started. Open hole perfs total 6328-10,445', Total Acid pumped 193,500, Total Frac fluid 1,171,850, Total Sand 100,000. Started producing 3/9/09. Spud Date: 8-21-08 Rig Release Date: 9-29-08 | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| SIGNATURE TO WOULD TITLE REGULATORY CLERK DATE 9/29/09 | | | |
| Type or print name ROBIN ASKEW E-mail address: robina@chienergvinc.com PHONE: 432-685-5001 | | | |
| APPROVED BY: Conditions of Approval (if any): | E Czealogia | DATE | 9/29/5 |