| Submit 3 Copies To Appropriate District | State of New Mexico | Form C-103 |
|--|---|--|
| Office District I | Energy, Minerals and Natural Resources | May 27, 2004 |
| 1625 N. French Dr., Hobbs, NM 88240 | - | WELL API NO. |
| District II | OIL CONSERVATION DIVISION | 30-015-33909 |
| 1301 W. Grand Ave., Artesia, NM 88210 District III | | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Conta Ea NM 97505: | STATE S FEE |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM | Santa re, Nivio 1639 /8 9 70 | 6. State Oil & Gas Lease No. |
| 87505 | 1220 South St. Francis Dr. Santa Fe, NM 87,595 7897077 | |
| SUNDRY NOT | ICES AND REPORTS ON WELLS 🙈 🛴 🚉 | 7. Lease Name or Unit Agreement Name |
| (DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIP PROPOSALS.) | ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OF PLUCE ACT TO A CATION FOR PERMIT" (FORM C-101) FOR SUEM | CROW FLATS "9" STATE COM |
| 1. Type of Well: Oil Well | Gas Well Other $\begin{picture}(20,0) \put(0,0){\line(1,0){100}} \put(0,0){$ | 8. Well Number #1 |
| 2. Name of Operator | | 9. OGRID Number |
| CHI OPERATING, INC | | 004378 |
| 3. Address of Operator | EXAS 79702 | 10. Pool name or Wildcat |
| P.O. BOX 1799 MIDLAND, T | EXAS 79702 | · |
| 4. Well Location | | |
| Unit Letter M: 1310' feet from the SOUTH line and 660' feet from the WEST line | | |
| Section 9 Township 16S Range 28E NMPM County EDDY | | |
| Facility of the second | 11. Elevation (Show whether DR, RKB, RT, GR, etc. | |
| 3583 GR | | |
| 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: SUBSEQUENT REPORT OF: | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | |
| TEMPORARILY ABANDON | i | |
| PULL OR ALTER CASING | <u> </u> | |
| | | |
| OTHER: WOLFCAMP COMP | | |
| 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. | | |
| 6/14/06 MIDLIDIL CIDD @ 0000 | WOLECARD DEDEC 70501 70602 A CIDIZED(5 | 0001- 150/ |
| 6/14/06 MIRU PU. CIBP @ 9000'. WOLFCAMP PERFS 7850'-7868'. ACIDIZED w/5000 gals. 15% iron control acid w/iron control to 10,000 ppm. | | |
| to 10,000 ppint. | | |
| | | |
| | | |
| I haraby cartify that the information | shove is two and complete to the best of my Imageled | and balief years were as a second |
| grade tank has been/will be constructed o | above is true and complete to the best of my knowledg r closed according to NMOCD guidelines , a general permit | or an (attached) alternative OCD-approved plan |
| 1) | | |
| SIGNATURE YAM | Coloet TITLE REGULATO | RY CLERK DATE _08/29/06 . |
| • | ORBETT E-mail address: Pamc@chiene | 1 0/h |
| Type or print name: PAM C | ORBETT E-mail address: Yam Cochiene | Telephone No. 432-685-5001 |
| | | • |
| For State Use Only | | |
| i di State ose Only | | |
| | | \circ 1 1 |
| APPROVED BY: Accepted | for record - NMOCD TITLE | DATE 9/1/06 |
| Conditions of Approval (if any): | | |
| | | |