

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM
88210 District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-015-31772
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: WC "3"
7. Well No. #2
8. Pool name or Wildcat Happy Valley Morrow
10. Elevation (Show whether DR, RKB, RT, GR, etc.) GR - 3187'

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. NOV 10 2003

3. Address of Operator
P.O. Box 1799 Midland, Texas 79702 OCD-ARTESIA

4. Well Location
Unit Letter M : 990 feet from the South line and 990 feet from the West line
Section 3 Township: 22S Range: 26E NMPM Eddy County:

11. 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 COMPLETION ☐
OTHER: Extend Drilling Permit ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

12. 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 recompilation.

Chi Operating, Inc. requests that Permit to Drill the WC "3" #2 well be extended. To 5-14-04

S/2 Dedicated Acreage

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE John W. Wolf TITLE Eng DATE 11/7/03

Type or print name JOHN W. WOLF Telephone No. 915-685-5001
(This space for State use)

APPROVED BY Jim W. Brown TITLE District Supervisor DATE NOV 12 2004

Conditions of approval, if any: