| 1   |  | c \ (                      | el l                                     |           |
|---|--|----------------------------|--|-----------|
| Submit 3 Copies   |  |                            | Ĵ,                                       |           |
| State Of I  | New Mexico   |                            | Form C-103                               |           |
| District Office   | ural Resources Departmen   | it                         | Revised 1-1-89                           |           |
|   |  |                            | l  |           |
| P 0. Box 1980, Hobbs, NM 88240 2040 Pact  | VATION DIVISION  |                            |  |           |
| Santa Fe, N   |  |                            |  |           |
| District II   | W 87505  | WELL API NO.               | 015 00664                                |           |
| 811 South First St., Artesia, NM 88210  | 811 South First St., Artesia, NM 88210   |                            | 0-015-30664                              | ·         |
|   |  | sIndicate Type of L<br>STA |  | П         |
|   |  | eState Oil & Gas Lease No. |  |           |
| 1000 Rio Brazos Rd., Aztec, NM 87410  |  | 24                         | 4696                                     |           |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DIRLL OR TO DEEPEN OR PLUG BACK TO A  |  |                            |  |           |
| (FORM C-101) FOR SUCH PROPOSAL  | OR PERMIT  | 7Lease Name or Ur          | nit Agreement Name                       |           |
| Type of Well:<br>OIL GAS  | Silver Streak State Com.   |                            |  |           |
| WELL WELL TOTHER  |  |                            |  |           |
| 2Name of Operator<br>Chi Operating, Inc.  |  | sWell No.                  |  |           |
| 3Address of Operator  |  | #1<br>9Pool name or Wild   |  |           |
| P.O. Box 1799 Midland, Texas 79702  |  |                            | cat 96840<br>s; Morrow, Southwest        |           |
| Unit Letter <u>G</u> : <u>1400</u> Feet From The <u>North</u>   |  | Feet From The Eas          |  |           |
| Section 8 Township 17S<br>10Elevation (Show whether D   | Range 28E  | NMPM                       | County                                   | Eddy      |
| 3517 GR   |  |                            |  | 8.9       |
| 11 Check Appropriate Box to Indicate Nat  | ure of Notice, Report. or Other  | <u>Lises</u><br>Data       | 618-1418 - 2016년 - 1416년<br>-            |           |
| NOTICE OF INTENTION TO:   PERFORM REMEDIAL WORK PLUG AND ABANDON   TEMPORARILY ABANDON CHANGE PLANS   PULL OR ALTER CASING Image: Change Plans  | SUBSEQUE<br>REMEDIAL WORK<br>COMMENCE DRILLING OPNS.<br>CASING TEST AND CEMENT JOB | PLUC                       | F:<br>FRING CASING<br>G AND ANBANDONMENT | r 📕       |
|   | OTHER Recompletion a   | L                          |  |           |
| 12Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed<br>work) SEE RULE 1103. |  |                            |  |           |
| MIRU on said well based on previously submitted C 101   |  |                            |  |           |
| MIRU on said well based on previously submitted C-101. TIH w/ wireline set CIBP. Set @ 9460'. Dump 35' cmt on   |  |                            |  |           |
| CIBP. Perforated 8158-66 - 4SPF. Acidized w/5000 gallons 15% NeFe HCL acid & balls. Swab tested some oil & gas.   |  |                            |  |           |
| Very tight based on the buildup following acid job. BHP-1258 PSI after 115 hrs.   |  |                            |  |           |
|   |  | 031                        | N 1997                                   |           |
|   |  | 100 C                      | j.                                       |           |
|   |  | 2526272820                 | 3)                                       |           |
|   |  | 951                        |  |           |
|   |  | 250                        | <u></u>                                  |           |
|   |  | licit.                     | 4  |           |
| $\sim$  |  | 66                         | . 35                                     |           |
| I hereby certify that the information above is true and complete to the be  | t of my knowledge and ballet   |                            | with her                                 |           |
| SIGNATHER AND IN IN I A MA  |  | DATE                       | 12/4/2                                   | 2000      |
| TYPE OR PRINT NAME John W. Wolf   |  |                            |  |           |
| (This space for State Use)  |  | TELEPHON                   | EN(915-685-5001                          |           |
|   |  |                            |  |           |
| APPROVED BY THE W. O  | oun -  |                            | DEC 0 7 20                               | <u>na</u> |
|   |  | DATE                       |  |           |
| CONDITIONS OF APPROVAL, IF ANY:   |  |                            | ······································   |           |

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