

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

dst
10

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

SEP 19 '90

WELL API NO.
30-015-26462

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
K5261

7. Lease Name or Unit Agreement Name
WISER STATE

8. Well No.
1

9. Pool name or Wildcat
UND DELAWARE

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 ✓

3. Address of Operator
P. O. BOX 1799, MIDLAND, TX 79702

4. Well Location
Unit Letter F : 2268 Feet From The NORTH Line and 2097 Feet From The WEST Line
Section 9 Township 21 S Range 26 E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3230 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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.

Ran 98 jts 5 1/2" 15.50# J-55 Production Casing,
Set @ 4,175', cmt w/600 sks Class C, 2% CaCl.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE David H. Harrison TITLE PRESIDENT DATE 09/17/90
TYPE OR PRINT NAME DAVID H. HARRISON TELEPHONE NO. 915 685-5001

(This space for State Use)
ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 21 1990