

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO.
30-025-23625
5. Indicate Type of Lease
STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
025964

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:
X Oil Well Gas Well

7. Lease Name or Unit Agreement Name:
West Sawyer

2. Name of Operator
Chi Operating

7. SFPRR No 11

3. Address of Operator
P.O. Box 5155 Santa Fe NM 87502

9. Pool name San Andres

4. Well Location

Unit Letter: 1980 feet from the South line and 860 feet from the West line

Section 28

Township 9S

Range 37E

NMPM

County

LEA

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3973 GR

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

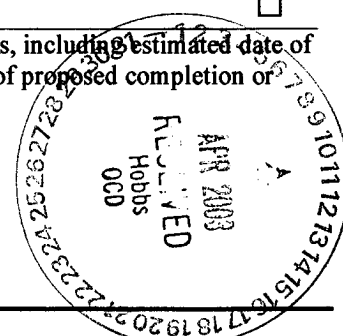
CASING TEST AND CEMENT JOB ☐

OTHER: Initiated Production ☐

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.

Ran tubing / rods / set pumping unit and Initiated Production April 9, 2003

Tested: 4 bopd, 10 mcf, First production April 9, 2003



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

SIGNATURE Duane C Winkler

TITLE: Manager of Engineering DATE: April 9, 2003

Type or print name Duane C Winkler

Telephone No. 505-989-1977

(This space for State use)

APPROVED BY Duane C Winkler

OFFICIAL REPRESENTATIVE II/STAFF MANAGER

DATE APR 15 2003

Conditions of approval, if any: