

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

HOBBBS OGD

S

WELL API NO.

30-025-39007

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

SUNRISE STATE 25

8. Well Number #1

9. OGRID Number

4378

10. Pool name or Wildcat
BOWERS, SEVEN RIVERS

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.

AUG 28 2008

OCD-ARTESIA

3. Address of Operator
212 N. MAIN, MIDLAND, TEXAS 79701

4. Well Location

Unit Letter A : 495 feet from the NORTH line and 691 feet from the EAST line
Section 25 Township 18S Range 37E NMPM County LEA11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL-3662' ; KB-3680'

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☒OTHER: ☐OTHER: ☐

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.

Spud 7/29/08. Drld 12 1/4" hole to 1490'. Ran 8 5/8" 24# J55 csg. Cmted w/735sxs, Lead 535sxs + 2% CACL + 1/4 #CF + .25% R38, Tail 200sxs + 2% CACL + .25% R38, Circ 209sxs to pit. WOC 19hrs. Tstd csg to 1000#. Drld 7 7/8 hole to 3546'. Ran 5 1/2" 15.5# J55 csg. Cmted w/445sxs, Lead 245sxs + 10%Gel+ 5% Salt+ 1/4#CF + .25R-38, Tail 200sxs + 5%Salt + 3/10C-12+.25R38, Circ 30sxs to pit. Released rig 8/05/08 @ 2pm.

Spud Date:

7/29/08

Rig Release Date:

8/05/08

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

SIGNATURE

ROBIN ASKEW

TITLE REGULATORY CLERK

DATE 8/15/08

Type or print name ROBIN ASKEW

E-mail address: _____

PHONE: 432-685-5001

For State Use Only

APPROVED BY:

[Signature]

TITLE

OC FIELD REPRESENTATIVE W/STAFF MANAGER

SEP 05 2008

Conditions of Approval (if any):