

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

RECEIVED

OCT 30 2009

HOBBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-39007

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

SUNRISE STATE 25

8. Well Number #1

9. OGRID Number

10. Pool name or Wildcat

BOWERS, SEVEN RIVERS

Yates (GAS)

## 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

212 N. MAIN, MIDLAND, TEXAS 79701

4. Well Location

Unit Letter A : 495 feet from the NORTH line and 691 feet from the EAST lineSection 25 Township 18S Range 37E NMPM County LEA

11. 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 ☐

OTHER:

☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB

OTHER:

Test Yates &amp; Commingle

☒

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.

MIRU NDWH NU BOP. Perf Yates 2spf @ 2932-37' 12 holes, @ 2919-21' 6 holes, @ 2914-16' 6 holes, @ 2866-68' 6 holes, @ 2859-62' 8 holes. Total 38 holes. Set RBP @ 3100'. Stimulated Yates perms 2859-2937' w/Total 61,700gal; 52,527# Sand. Tested tbg t/5000#, OK. ND BOP NU WH. Started well pumping to battery, 5/29/09.

Spud Date:

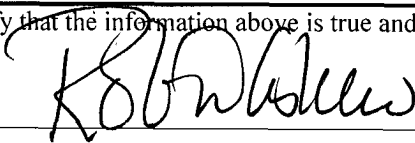
7/29/08

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



TITLE REGULATORY CLERK

DATE 7/20/09

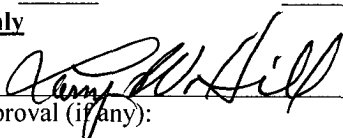
Type or print name ROBIN ASKEW

E-mail address:

PHONE: 432-685-5001

For State Use Only

APPROVED BY:



TITLE

DISTRICT 1 SUPERVISOR

DATE

NOV 18 2009

Conditions of Approval (if any):