

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

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

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

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

WELL API NO. 30-005-210.90
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-86623-1
7. Lease Name or Unit Agreement Name NM Cap
8. Well No. #1
9. Pool name or Wildcat Caprock Queen

**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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	2. Name of Operator Chi Operating, Inc.
3. Address of Operator P.O. Box 1799, Midland, Texas 79702	4. Well Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>North</u> Line Section <u>19</u> Township <u>15</u> Range <u>31</u> NMMPM Chaves County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4452 GL	

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 ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☒  
OTHER: ☐

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 79 Jts. 4½" 11.60# production csg. Set @ 3,165'.  
Cement with 480 sks class C 2% CaCL & 8% gel, tail in  
with 120 sks class C neat. Top of cement @ 1700' (Temp. Survey)

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 9/27/89  
TYPE OR PRINT NAME David H. Harrison TELEPHONE NO. (915) 685-5001

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR

CONDITIONS OF APPROVAL, IF ANY:

OCT 9 1989