

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.

30-025-29636

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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

Chisos Operating, Inc.

3. Address of Operator

P. O. Box 10865, Midland, Texas 79702

8. Well No.

1

9. Pool name or Wildcat

Wildcat

4. Well Location

Unit Letter L : 1980 Feet From The South Line and 660 Feet From The West Line

Section 15 Township 17S Range 37E NMPM Lea County

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

3748'

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.

Cleaned out well to 9006'. Tagged top of cement plug @ 9006'. Attempted two drill stem tests with open hole straddle packers. Both failed. Ran 4-1/2" casing to 8700'. Cemented with 250 sacks premium 50/50 Poz "A" cement with 2% gel, 0.5% HACAD 322 & 0.2% CFR-3. Plug down at 0730 hr. on 7/10/90

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

SIGNATURE

Ron Gilbreath

TITLE Vice President

DATE 7/10/90

TYPE OR PRINT NAME

Ron Gilbreath

TELEPHONE NO. (915) 686-946

(This space for State Use)

ORIGINAL SIGNED BY JERRY TEXTON

DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 13 1990