

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.	30-025-32747
5. Indicate Type of Lease	STATE ☒ FEE ☐
6. State Oil & Gas Lease No.	E-7824-1
7. Lease Name or Unit Agreement Name	Chaukar State
8. Well No.	1
9. Pool name or Wildcat	Willcat

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 PO Box 1799 Midland, TX 79702	
4. Well Location Unit Letter D : 330 Feet From The South Line and 2310 Feet From The East Line Section 16 Township 19S Range 34E NMPM LRA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3767 6R	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	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.

- 1) MIREN WO UNIT. POH w/RODS. POH w/TUBING.
- 2) TIT + SET 4 1/2" CIBP ON TUBING @ 4800' (OPEN PORES 4875-88). Pres Test CSG TO 500 PSI F/ 15 minutes. POH 5 stands. TIT + TAG CIBP.
- 3) Displace wellbore w/ 9.2 ppg plug mud. Spot 35' cmt on top of CIBP. POH.
- 4) open 9 5/8 x 4 1/2" CSG valve. Perforate 4 spf @ 900'. EST CIRC ~~25~~ IN 4 1/2 x 9 5/8 ANNULUS.
- 5) TIT w/ CR + STINGER. Mix + pump 100 sx 11" @ 2% CaCl. STING OUT OF CR w/ 25 SX left TO DISPLACE. SPOT 25 SX ON TOP CR (INSIDE CSG). POH.
- 6) SPOT 10 SX PLUG @ SURFACE. Cut off wheel + weed DRY hole marker.

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

SIGNATURE David C Myers TITLE Operations Manager DATE 3/30/95
TYPE OR PRINT NAME DAVID C MYERS TELEPHONE NO. 956855001

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: