Submit 3 Copies to Appropriate District Office

Energy, Minerals and Natural Resources Department

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. 30-025-33525

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.)

7. Lease Name or Unit Agreement Name: OYSTER

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: CHI OPERATING, INC.

8. Well No. 1

3. Address of Operator: P.O. Box 1799 Midland, TX 79702

9. Pool name or Wildcat: WILDCAT

4. Well Location
Unit Letter N : 880 Feet From The SOUTH Line and 1880 Feet From The WEST Line

Section 22 Township 19S Range 35E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3742 GL 3754 KB

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☒	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			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.) Spud well 8/13/96. Set 8 5/8"-24# surface csg @ 505'. Cmt w/ 270 sxs Class "C" - circ 99 sxs.

2.) TD well 9/2/96. TD-6475'. Set 5 1/2" csg @ 6445'. Cmt w/ 350 sxs Class "C".

3.) Perf : Acidize 6084-6094. No show. Set CIBP @ 6030' : Dump 4 sxs Cmt.
Perf : Acidize 5992-5994. No show. Set CIBP @ 5935' : Dump 4 sxs cmt.

4.) Perf, Acidize : Frac 5420-5535. Run Production string, Pump : Rods. Begin Pumping well 10/24/96. Potential well 11/11/96 for 15 BO + 29 BW + 15 MCF

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

SIGNATURE M. K. Fowler TITLE GEOLOGIST DATE 12/16/96

TYPE OR PRINT NAME Mike Fowler TELEPHONE NO. 915-685-500

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE JAN 08 1997

CONDITIONS OF APPROVAL, IF ANY: