

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies
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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-105
Revised 1-1-89

WELL API NO. <u>30-025-30527</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. Lease Name or Unit Agreement Name <u>COOPER</u>	
b. Type of Completion: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DEEP RESVR <input type="checkbox"/> OTHER <input type="checkbox"/>		8. Well No. <u>1</u>	
2. Name of Operator <u>CIT OPERATING, Inc</u>		9. Pool name or Wildcat <u>WILDCAT</u>	
3. Address of Operator <u>P.O. Box 1799, Midland, TX 79702</u>			
4. Well Location Unit Letter <u>B</u> : <u>460</u> Feet From The <u>NORTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>3</u> Township <u>20 S</u> Range <u>37 E</u> NMPM <u>LEA</u> County			
10. Date Spudded <u>12/20/88</u>	11. Date T.D. Reached <u>1/11/89</u>	12. Date Compl. (Ready to Prod.) <u>NA</u>	13. Elevations (DF& RKB, RT, GR, etc.)
14. Elev. Casinghead	15. Total Depth <u>7,865</u>	16. Plug Back T.D.	17. If Multiple Compl. How Many Zones?
18. Intervals Drilled By	Rotary Tools <input checked="" type="checkbox"/>	Cable Tools	20. Was Directional Survey Made <u>YES</u>
19. Producing Interval(s), of this completion - Top, Bottom, Name <u>NONE</u>			21. Was Electric and Other Logs Run
22. Was Well Cored <u>NO</u>			

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT LB/FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	1,420	12 1/4	450 SK	NONE

LINER RECORD				TUBING RECORD		
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET

26. Perforation record (interval, size, and number) <u>NONE</u>	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.	
	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED

28. PRODUCTION							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)				Well Status (Prod. or Shut-in)	
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl.	Gas - MCF	Water - Bbl.	Gas - Oil Ratio
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)	
29. Disposition of Gas (Sold, used for fuel, vented, etc.)						Test Witnessed By	

30. List Attachments			
31. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief			
Signature <u>David Harrison</u>	Printed Name <u>DAVID HARRISON</u>	Title <u>President</u>	Date <u>5/31/91</u>

111111
JUN 07 1991
0000
HOBBS 0000

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. <u>30-025-30527</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <u>COOPER</u>
8. Well No. <u>1</u>
9. Pool name or Wildcat <u>WILDCAT</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 <u>CHI OPERATING, Inc</u>	
3. Address of Operator <u>P.O. Box 1799</u>	
4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> Line and <u>1980'</u> Feet From The <u>EAST</u> Line Section <u>3</u> Township <u>20S</u> Range <u>37E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

PLUGS SET @ 7865' 25 SKS
5250' 25 SKS
3900' 25 SKS
1,420' 25 SKS
SURFACE 10 SKS

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

SIGNATURE [Signature] TITLE President DATE 5/21/91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY JOSEPH ALFONSO BY JERRY SEXTON

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

RE

MUN 02 12

MOORE