

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

DISTRICT II
P.O. Drawer 00, Aramis, 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.
30-025-08740

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
CHENCON USA, INC.

3. Address of Operator
P.O. Box 1150 Midland TX 79702 ATTED DOHERTY

4. Well Location
Unit Lease B : 660 Feet From The North Line and 1980 Feet From The East Section 34 Township 21S Range 36E NMPM LEA County

7. Lease Name or Unit Agreement Name
W.A. KANEAY (UNIT-4)

8. Well No.
27

9. Pool name or Widened
UNIT Y-SR. QUEENS

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

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

NOTICE OF INTENTION TO:

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: Sq2 existing perfs perf QUEEN & FRAC

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.

C/O fill from 3792- 3817. Set CIRC @ 3725 sq2 PEROSE 3730-3837 & OH 3835- 3961 w/ 250 SX CL"6" REV. OUT 55SX.

Perf QUEENS W/4" HSC .36 120° 1-JHFF from 3645- 3710 total of 15 holes.

Set pkr @ 3530 ACD'2 perfs 3645-3710 w/2000g 15% NETE HOL.

FRAC perfs 3645-3710 w/21966 gals 40" LINEAR 5E/12/20 SD.

Flowed well C/O well with coil + b9. unable to get below 3513'.

C/O well to plugback TD 3835'.

SWAB & turn over to production.

WORK STARTED 9/14/90

ENDED 9/22/90

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

SIGNATURE E. O. Doherty TITLE F.A. Dir/g DATE 9/25/90

TYPE OR PRINT NAME E.O. DOHERTY TELEPHONE NO. 915 687-7811

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____