

Office
District I
1625 N. French Dr., Hobbs, NM 87240

District II
811 South First, Artesia, NM 87410

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-005-1400 10409
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 25971
7. Lease Name or Unit Agreement Name: 5 State # 8-33
8. Well No. 2
9. Pool name or Wildcat Chavaroo San Andres

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 Injector

2. Name of Operator
Chi Operating, Inc

3. Address of Operator
PO Box 1799, Midland, TX 79702

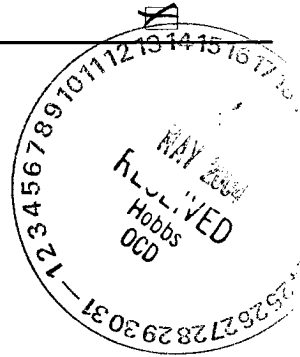
4. Well Location
Unit Letter A : 660 feet from the N line and 660 feet from the E line
Section 5 Township 8S Range 33E NMPM County Roosevelt

10. Elevation (Show whether DR, 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent date, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion of recompilation.
Repaired and placed back in service via casing swab



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

SIGNATURE Oren Albright TITLE Supt. DATE 05-07-04

Type or print name Oren Albright Telephone No. 915/684-0504

(This space for State use)
APPROVED BY Larry W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAY 24 2004
Conditions of approval, if any