

Office

District I

1625 E. 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.

30-005-10486

5. Indicate Type of Lease

STATE ☒FEE ☐

6. State Oil & Gas Lease No.

25943

7. Lease Name or Unit Agreement Name:

Haley San Andres Unit

Chavaroo

8. Well No.

36

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

G

1980

feet from the

N

line and

1980

feet from the

E

line

Section

3

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:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐MULTIPLE ☐COMPLETION ☐OTHER: ☐

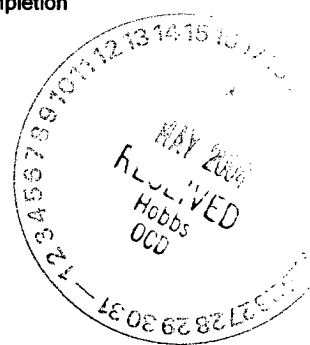
SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐PLUG AND
ABANDONMENT ☐CASING TEST AND
CEMENT JOB ☐OTHER: ☒

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

TITLE Supt.

DATE 05-06-04

Type or print name Oren Albright

Telephone No. 915/684-0504

(This space for State use)

APPROVED BY

TITLE

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

MAY 24 2004

Conditions of approval, if any