

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.  
30-41-20803

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
25944

7. Lease Name or Unit Agreement Name:  
Hasselhoff Federal  
Haseloff Federal

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

8. Well No.  
1

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

9. Pool name or Wildcat  
Chavaroo San Andres

4. Well Location  
Unit Letter M 1310 feet from the S line and 1310 feet from the Le line  
Section 13 Township 7S 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  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING   
TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
MULTIPLE COMPLETION  CASING TEST AND CEMENT JOB   
OTHER:  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 well and placed back in service

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 04-21-04

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

(This space for State use)  
APPROVED BY Larry W. Wink OC FIELD REPRESENTATIVE II/STAFF REPRESENTATIVE  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

MAY 24 2004