Submit 3 Copies To Appropriate District Office	State of New Mex			Form C-103 May 27, 2004	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natura	al Resources	WELL API NO. 30-025-3		
District II 1301 W. Grand Avc., Artesia, NM 88210	orc., Artesia, NM 88210 OIL CONSERVATION DIVISION				
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NW 87303		6. State Oil & Gas Lease	No.	
87505			139311		
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			7. Lease Name or Unit A Dalamide QN S	OUNITED	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number 9	7	
2. Name of Operator Chapana (ZNERBY LLC			9. OGRID Number <i>OO 411</i>	5	
3. Address of Operator 701 Coder lake DV/	I pull by	Dk 73/14	10. Pool name or Wildca	nt 018819	
4. Well Location	7)	<u>/</u> . / - / · /			
Unit Letter 15 : _	2607 feet from the Sour		2457 feet from the	,	
Section 32	Township 24 S Rai		NMPM Lec Coun	ity	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
Pit or Below-grade Tank Application or Closure Pit type Line Depth to Groundwater 300 Distance from nearest fresh water well 1000 Distance from nearest surface water					
Pit Liner Thickness: 12 mil	Below-Grade Tank: Volume		onstruction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN			SEQUENT REPORT	T OF: RING CASING □	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON ☐ CHANGE PLANS ☐	REMEDIAL WOR COMMENCE DR	<u>—</u>		
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN			
OTHER: PEPCIN TBG	Leola X	OTHER:	1 2 2 4 14 2 2 3		
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion					
or recompletion.					
Repair thg	beak AND Cle	ar out	well to to		
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I hereby certify that the information above is true and comp	lete to the best of my knowledge and belief. I further certify that any pit or below-
grade tank has been/will be constructed or closed according to MMOC SIGNATURE	D guidelines general permit or an (attached) alternative OCD-approved plan .
Type or print name For State Use Only	E-mail address: Hermans @ Chaparratelephone No. 405-830.8381
APPROVED BY: Land Wink	OC FIELD REPRESENTATIVE II/STAFF MANDAFE SEP 2 2 22
Conditions of Approval (if any):	SEP 2 2 2005