Submit 3 Copies To Appropriate District	State of N	lew Mexico	Form C-103
Office District I	Energy, Minerals as	nd Natural Resources	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVA	ATION DIVISION	30-015-32538
District III	1220 South 5	St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410		NM 87505	6. State Oil & Gas Lease No.
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Sulta i O,	14141 07303	o. State on te das Lease 140.
87505			
	CES AND REPORTS O		7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROP			l va a a
DIFFERENT RESERVOIR. USE "APPI PROPOSALS.)	LICATION FOR PERMIT" (FORM	(C-101) FOR SUCH	KC Strip State
1. Type of Well:			
Oil Well Gas W	ell Other	RECEIVED	
	en outer		8. Well No.
2. Name of Operator	CHI OPER ATRIC	JUL 2 0 2005	#1
	CHI OPERATING,	INC OCD AFITE OUR	
3. Address of Operator	*		9. Pool name or Wildcat
	IDLAND, TX 79702		
4. Well Location			
		N. 100 T 1 C C C	
Unit LetterO_:	feet from theSO	OUTH line and660	'feet from theEASTline
Section 32	Township 1	8S Range 31E	NMPM County EDDY
Section 32		hether DR, RKB, RT, GR, et	
	3571		<i>c.)</i>
11 Check	Appropriate Box to Ind	······································	Report or Other Data
	NTENTION TO:		SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		l l	
		The income viol	TALIERING ONOING
TEMPORARILY ABANDON	CHANGE PLANS	☐ COMMENCE DR	RILLING OPNS. PLUG AND
5 65	7		ABANDONMENT
PULL OR ALTER CASING [MULTIPLE COMPLETION	CASING TEST A	ND 📙
	COMPLETION	CEMENTION	
OTHER: Plugback to Middle Mo	orrow	OTHER:	
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. For Multiple Completions: Attach wellbore diagram of proposed completion or			
recompilation.			
Plugback to Middle Morrow, existing perfs: 12,063-12,073' (Lower Morrow)			
	•		
I hereby certify that the informatio	n above is true and complete	to the best of my knowledge	ge and belief
Mark the state of			
SIGNATURE 3 (1) WW)U	TITLE RI	EGULATORY CLERK	DATE 7/18/05
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		******	
Type or print name ROBIN ASI	KEW	Telephone No.	
(This space for State use)		·	2003 a v 5003
A POPPOSITE DAY	FOR RECORDS ONL	<u>Y</u> _	
AFFROVED BI		TTLE	DATE
Conditions of approval, if any:		-	