Submit 3 Copies To Appropriate District	G		•	a)		
Office	State of New Mexico			O.	AIN	Form C-103
District I	Energy, Minerals	ral Resources	NICH ADV		ed March 25, 1999	
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API		
301 W. Grand Avenue, Artesia, NM OIL CONSERVATION DIVISION				5 Indicate	- 31842	
88210	2040 South Pacheco				Type of Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe	7505	6. State C	oil & Gas Lease	EE 🗆	
District IV		, 1 11/1 0		o. State C	m & Gas Lease	NO.
2040 South Pacheco, Santa Fe, NM 87505						
SUNDRY NOTIC	ES AND REPORTS OF	V WELLS		7. Lease N	ame or Unit Ag	reement Name:
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)	LS TO DRILL OR TO DEER	PENOR PLI	TO A			
PROPOSALS.)	TION FOR PERMIT (FOR	NG (101) FO	DK SUCH 7	CHI "16" S	TATE	
1. Type of Well:	/°		1			
Oil Well Gas Well	Other	ALIC	<u> 2001 1300 1000 </u>			
2. Name of Operator	r.			7. Well N	0.	
Chi Operating, Inc.	14	REC	EIVED		#2	
3. Address of Operator	15	OCD -	ARTESIA	8. Pool na	me or Wildcat	· · · · · · · · · · · · · · · · · · ·
P.O. Box 1799 Midland, Texas	79702	•				
4. Well Location		1.7.		L		
Unit Letter xC:	660' feet from the	FNL	line and 1980)' fee	et from the F	WL line
•						
Section 16				MPM	County:	Eddy
	10. Elevation (Show w	vhether D	R, RKB, RT, GR, etc	:.)		
		- 3366'				
11. Check Ap	propriate Box to Inc	dicate N	ature of Notice, I	Report or C	ther Data	
NOTICE OF INT	ENTION TO:				REPORT	OF.
PERFORM REMEDIAL WORK			REMEDIAL WOR			ING CASING
		_	THE WEST OF THE		L ALIEN	INO CAGINO L
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS		AND CONMENT
PULL OR ALTER CASING	MULTIPLE		CASING TEST AN	.	ADANL	ONVENT
I GEE ON ALTEN CASING	COMPLETION	لــا	CASING TEST AN CEMENT JOB	שא		
		_	OEMENT COB			
OTHER:			OTHER:			
12. Describe proposed or completed	operations. (Clearly st	ate all per	tinent details, and g	ive pertinent	dates, including	estimated date
of starting any proposed work).	SEE RULE 1103. For I	Multiple (Completions: Attach	wellbore dia	agram of propos	sed completion
or recompilation.		•	•		.g	ion compression
Spud @ 2:00 hrs on 6/30/01. Dr	gd to 374'. Lost total re	turns @ 3	62'. Wshd w/1" sev	eral times wi	th no success. F	inally backed
off @ 138.38' leaving 121/4" bit,	SS, 8" DC, IB, 8" DC, 1	XO, 5-6"	DCs.			
P&A Chi "16" State #2. Top of I	Fish @ 138.38. Pmpd su	irface plu	g w/153 sks "C" & c	circ cmt out c	onductor & mo	use hole, RD.
Will place Dry Hole Mkr when r	ig is moved off Chi "16	" State #2	-Y.			
I hereby certify that the information a	bove is true and comple	ete to the	oest of my knowledg	ge and belief.		
SIGNATURE KOOW (1)	llw	_TITLE	REGULATORY	CLERK	DATE 8 <u>/</u>	09/01
Type or print name Robin Asker				T	elephone No. 9	15-685-5001
(This space for State use) CRIG	INAL SIGNED BY TH		20			
DIST	RICT II SUPERVISOR					AIIC 9 A O
APPPROVED BY		TITLE			DATE	AUG 2 6 2
Conditions of approval, if any:						