Office Energy.	Minerals and Natural Resources	Revised March 25, 1999
District I		
1625 N. French Dr., Hobbs, NM 87240		WELL API NO. 00 5 30-41-20026
District II OIL CO	NSERVATION DIVISION	5. Indicate Type of Lease
811 South First, Artesia, NM 87410	2040 South Pacheco	STATE FEE
District III	Santa Fe, NM 87505	
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
District IV	-	25943
2040 South Pacheco, Santa Fe, NM 87505		
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name:
(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.)		Haley San Andres Unit
1. Type of Well		
Oil Well Gas Well Injecti	or	
2. Name of Operator		8. Well No.
Chi Operating, Inc	·	41
3. Address of Operator		9. Pool name or Wildcat
PO Box 1799, Midland, TX 79702		Chavaroo San Andres
4. Well Location		
200	(10)	
Unit Letter O : 990 feet from	the <u>S</u> line and $198D$ feet from the E	line
Section 3 Townshi	p 7S Range 33E NMPM	County Roosevelt
10. Elevation (Show v	vhether DR, RKB, RT, GR, etc.)	
	to Indicate Nature of Notice, Report or Other D	
NOTICE OF INTENTION TO:	SUBSEQUENT R	· · · · · · · · · · · · · · · · · · ·
PERFORM REMEDIAL WORK PLUG AND AB	ANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLAN	S COMMENCE DRILLING OPNS.	PLUG AND
	•	ABANDONMENT
MULTIPLE	CASING TEST AND	
COMPLETION	CEMENT JOB	
		*
OTHER:	OTHER:	
12. Describe proposed or completed operations. (Clearly state all pe	rtinent details, and give pertinent date, including estimated date	4224
of starting any proposed work). SEE RULE 1103. For M	Intrinent details, and give pertinent date, including estimated date lultiple Completions: Attach wellbore diagram of proposed	completion 3 4 5 6 >
of recompilation.		OSO
Repaired and placed back in service via casing swab	/ ₂	
	$\sqrt{2}$	E Sag
	25	1900 27
	25/	137
		£ 4/
		E22 (8)
		55515026181718
I hereby certify that the information above is true and compete to the	best of my knowledge and belief.	
SIGNATURE UM COM	TITLE Supt.	DATE 04-21-04
Type or print name Oren Albright	OC FIELD REPRESENTATIVE ILISTAFF BIO	phone No. 915/684-0504
(This space for State use)	OC FIELD REPRESENTATIVE	MAY 0 3 2004
APPROVED BY Hause Wenk	TITLE	MAY 0 3 2004
Conditions of approval, if any:		