Office	Energy, Minerals and	Natural Resources		Revised March 25, 1999
District I			WEL	L API NO.
1625 N. French Dr., Hobbs, NM 87240			30-41	-10171
District II	OIL CONSERVAT		5. Ir	ndicate Type of Lease
811 South First, Artesia, NM 87410	2040 South I		S.	TATE FEE
District III	Santa Fe, NI	M 87505		
1000 Rio Brazos Rd., Aztec. NM 87410			6. S	state Oil & Gas Lease No.
<u>District IV</u>				25943
2040 South Pacheco, Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS				ease 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 "APPLI	CATION FOR PERMIT" (FORM C	-101) FOR SUCH PROPOSALS.)	Hale	y San Andres Unit
1. Type of Well		·	İ	
Oil Well Gas Well	Injector			
2. Name of Operator			8. V	Veli No.
Chi Operating, Inc				17
3. Address of Operator	_			ool name or Wildcat
PO Box 1799, Midland, TX 7970	2		Cha	avaroo San Andres
4. Well Location			•	
Main Laman	980 feet from the \leq	line and 1980 feet from the	W line	
Unit Letter K : /	feet from the	line andfeet from the _	line	
Section 33	Township 7S	Range 33E NMPM	Coun	ity Roosevelt
	0. Elevation (Show whether DR, RKB,	1	Coun	ty Nooseveit
	s. Elevation (officer wheater ext, rate).	(1, G.K. 6.6.)		
11 Check A	opropriate Box to Indicate N	ature of Notice, Report or Oth	ner Data	
NOTICE OF INTE	•	SUBSEQUE		OF.
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ERING CASING
		11200120011	2.3	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.		G AND
	- ,		ABA	NDONMENT
	MULTIPLE	CASING TEST AND	·	
	COMPLETION	CEMENT JOB		
OTHER:	#1 T	OTHER:		
12. Describe proposed or completed operations	. (Clearly state all pertinent details, and	· · · · · · · · · · · · · · · · · · ·		234567
of starting any proposed work). SEE	· · ·	• •		/ A 6
of recompilation.			. ,	5
Repaired and placed back in service via	casing swab		7282300	0 20 0
		•	23	13147576 141576
			/83	3
			\ <u>r</u> c	
			/0	Š.
			·	1618 1618V
				\$55221202618
I hereby certify that the information above is the	and complete to the best of my knowle	dge and belief.		
1/2 (ll	les to			04.04.04
SIGNATURE (Mu	TITLE	Supt.		DATE 04-21-04
Type or print name Oren Albright	<u> </u>		Telephone N	o. 915/684-0504
(This space for State use)	. /		- Cicphone IV	J. J 10/00770007
APPROVED BY Lary W. W.	TITLE		n	ATE
Conditions of approval, (f any:	· - 1	- 11/CTAS	F MANAGER	
<u> </u>	المركز الم	ELD REPRESENTATIVE II/STAF	• =:	1000