| Submit 3 Copies To Appropriate District | State of New | State of New Mexico | | Form C-103 | |
|---|---|---------------------------------------|--------------|--------------|-----------------------------|
| Office | Energy, Minerals and I | Natural Resources | г | | Revised March 25, 1999 |
| District I | | | | WELL API N | 0. |
| 1625 N. French Dr., Hobbs, NM 87240 | OIL CONSERVAT | ION DIVISION | } | 30-005-10240 | |
| District II | OIL CONSERVAT | | | | Type of Lease |
| 811 South First, Artesia, NM 87410 | 2040 South F | | | STATE | FEE |
| District III | Santa Fe, NN | M 8/505 | } | 6 State Oil | & Gas Lease No. |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | 5. State Oil | & Gas Lease No. |
| District IV 2040 South Pacheco, Santa Fe, NM 875 | 505 | | | 23971 | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | 7. Lease Na | ame 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.) | | | | State 8-8-33 | |
| 1. Type of Well | | , | | | |
| Oil Well Gas Well | Injector | | | | |
| 2. Name of Operator | 3 | | 1 | 8. Well No. | |
| Chi Operating, Inc | | | | 1 | |
| 3. Address of Operator | | | | | ne or Wildcat |
| PO Box 1799, Midland, TX 7 | 79702 | | | Chavaro | o San Andres |
| 4. Well Location | | | | | |
| I Init Latter B | : 660 feet from the N | line and 1950 feet from the | 5 | line | |
| Unit Letter B | | inte and | | illie | |
| Section | 5 Township 8S | Range 33E NMPM | | County | Roosevelt |
| | 10. Elevation (Show whether DR, RKB, | RT, GR, etc.) | | | |
| | | | | | |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | |
| NOTICE OF I | NTENTION TO: | SUBSEQUE | | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | \nearrow | ALTERING | CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING OPNS. | | PLUG AND | |
| | MULTIPLE | CASING TEST AND | | | |
| | COMPLETION | CEMENT JOB | | | |
| | [] | | | | |
| OTHER: | | OTHER: | | | |
| | erations. (Clearly state all pertinent details, and SEE RULE 1103. For Multiple Completi | | | nlotion | |
| of recompilation. | SEE ROLE 1103. For withtiple Complete | ions. Attach wellbore diagram of prop | osea com | pietion | |
| Repaired and placed back in service | ce via casing swah | | | | 10103576 |
| repaired and placed back in service | 20 Via Gasing Swab | | | 1 | |
| | | | | /2 | , |
| | | | | 7897 | Nov. |
| | | | | 12.8 | - AL 1/44/2 |
| | | | | 120 | MODENEN |
| | | | | 63 | O_{CD}° |
| | | | | 6 | |
| _ | | | | Ì | |
| I hereby certify that the information above | e is true and complete to the best of my knowle | edge and belief. | | | |
| SIGNATURE Mull | тпе | Supt. | | DATE | 05-06-04 |
| Type or print name Oren Al | / bright | | Telepho | ne No. | 915/684-0504 |
| (This space for State use) | 1, 1- 6 | | | | |
| APPROVED BY Laugh | TITLE | | | DATE | MAY |
| Conditions of approval, if any: | ~ | FIELD DEDÓGRA | | • v | MAY 2 4 2004 |
| | | FIELD REPRÉSENTATIVE IL/ST | AFF MA | NAGER | • |