Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103	
Office	Energy, Minerals and Natural Resources		ν	Revised March 25, 1999	
District I			WELL API I	10 .	
1625 N. French Dr., Hobbs, NM 87240			30-005-20052	2	
District II	OIL CONSERVAT	ION DIVISION	5. Indicate	Type of Lease	
811 South First, Artesia, NM 87410	11 South First, Artesia, NM 87410 2040 South Pacheco			FEE	
District III	Santa Fe, N	M 87505			
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oi	il & Gas Lease No.	
District IV			25943	3	
2040 South Pacheco, Santa Fe, NM 8750)5				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease N	lame 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.)				Andres Unit	
1. Type of Well				Chaveroo	
Oil Well Gas Well Injector				1461 DO	
2. Name of Operator	Injector		8. Well No).	
Chi Operating, Inc				3	
Address of Operator				me or Wildcat	
PO Box 1799, Midland, TX 79702				oo San Andres	
4. Well Location					
Unit Letter I	: (980 feet from the 5	line and 660 feet from the	€ line		
Section 3	Township 8S	Range 33E NMPM	County	Roosevelt	
4	10. Elevation (Show whether DR, RKB,	RT, GR, etc.)			
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN	NTENTION TO:	SUBSEQUE	NT REPORT OF:	· •	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERIN	G CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AN ABANDO		
	MULTIPLE	CASING TEST AND	ABANDO	WILLIAM	
	COMPLETION	CEMENT JOB	Li		
	COMPLETION	CEMENT SOB		_	
OTHER:		OTHER:		又	
12. Describe proposed or completed oper	rations. (Clearly state all pertinent details, and	give pertinent date, including estimated d	ate		
of starting any proposed work).	SEE RULE 1103. For Multiple Complet	ions: Attach wellbore diagram of prop	osed completion		
of recompilation.			//	19,14,15 TR S.	
Repaired and placed back in service	e via casing swab		/ ₆ N		
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I hereby certify that the information above	is true and complete to the best of my knowle	edge and belief.			
(/ (//				05.00.00	
SIGNATURE UM	TITLE	Supt.	DATE	05-06-04	
Type or print name Oren Alb	priaht		Telephone No.	915/684-0504	
(This space for State Vse)	1 . 1 . 1		. 5.5p.70110 110.		
APPROVED BY STATE	1111 - OCE	IFI D REDDECC		MAY 2 4 2004	

Conditions of approval, if any: