Submit 3 Copies To Appropriate District				Form C-103
Office Energy, Minerals and Natural Resources			Revised March 25, 1999	
District I				WELL API NO.
1625 N. French Dr., Hobbs, NM 87240 District II OIL CONSERVATION DIVISION				30-041-10140
District II				5. Indicate Type of Lease
811 South First, Artesia, NM 87410	2040 South I			STATE FEE
District III	Santa Fe, NI	WI 87505		· · · · · · · · · · · · · · · · · · ·
1000 Rio Brazos Rd., Aztec, NM 87410			i	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				Thqueroo
Oil Well Gas Well	Injector			
2. Name of Operator				8. Well No.
Chi Operating, Inc				12
3. Address of Operator	_			9. Pool name or Wildcat
PO Box 1799, Midland, TX 7970	2			Chavaroo San Andres
4. Well Location				
Unit Letter H :	PSD feet from the	line and 660 feet from the	ح	line
		, , , , , , , , , , , , , , , , , , ,		
Section 33	Township 7S	Range 33E NMPM		County Roosevelt
	0. Elevation (Show whether DR, RKB,	RT, GR, etc.)		
44 Charle A	naranziata Day ta Indiasta M	ature of Nation Report or Otl	or Doto	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
PERFORM REMEDIAL WORK	PLOG AND ABANDON	REMEDIAL WORK		ALIERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.		PLUG AND ABANDONMENT
	MULTIPLE	CASING TEST AND		
	COMPLETION	CEMENT JOB	لــــــا	
		·		•
OTHER:		OTHER:		<u>></u>
12. Describe proposed or completed operations	s. (Clearly state all pertinent details, and	give pertinent date, including estimated	late	
of starting any proposed work). SEE	RULE 1103. For Multiple Complet	ions: Attach wellbore diagram of pro	posed com	pletion
of recompilation.				15213 15 15 To
Repaired and placed back in service via	casing swab			
				/n
				A Maria
				10 16 Active
				1000 ED
				OCO'S
				1.
I hereby certify that the information above is tru	e and complete to the best of my knowle	edge and belief.		
SIGNATURE Mully	TITLE	Supt.		DATE 05-06-04
Type or print name Oren Albrigh	t		Telepho	ne No. 915/684-0504
(This space for State use)	\ \1	C FIELD REPRESENTATIVE II/	STAFF M	ANAGER
APPROVED BY Conditions of approval, if any:	Vank TITLE	AND INTERNATIONAL PROPERTY.		DATE