Office	Energy, Minerals and I	Natural Resources	_	Revised March 25, 1999
District I			V	VELL API NO.
1625 N. French Dr., Hobbs, NM 87240			31	0-41-10504
District II OIL CONSERVATION DIVISION				5. Indicate Type of Lease
811 South First, Artesia, NM 87410 2040 South Pacheco				STATE FEE
District III	Santa Fe, NM	N 87505	<u> </u>	
1000 Rio Brazos Rd., Aztec, NM 87410				3. State Oil & Gas Lease No.
<u>District IV</u>				25977
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.)				XL 27 Federal
1. Type of Well				
Oil Well Gas Well	Injector			
2. Name of Operator			8	B. Well No.
Chi Operating, Inc				3
3. Address of Operator PO Box 1799, Midland, TX 7970.	2	`	9	Pool name or Wildcat Chavaroo San Andres
4. Well Location				
		• • •		
Unit Letter A : £	feet from the	line and 660 feet from the	انا <u>ع</u>	ne
			_	
Section 27	Township 7S	Range 33E NMPM	C	County Roosevelt
1	Elevation (Show whether DR, RKB, F	RT, GR, etc.)		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
		ature of Notice, Report of Oth SUBSEQUE		BT OF:
NOTICE OF INTE	/		regressor age	ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X *	LIERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.		PLUG AND
	MULTIPLE	CASING TEST AND		
	COMPLETION	CEMENT JOB		
		322		
OTHER:	Line de	OTHER:		
12. Describe proposed or completed operations	s. (Clearly state all pertinent details, and o	give pertinent date, including estimated d	late	3000
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion				
of recompilation.				
Repaired well and placed back in service, via casing swab				
				(E) (D)
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
				1

\sim	,			
I hereby certify that the information above is tru	a and dampleted to the best of my brands	too and halief		
. Hereby certary trial the intomation above is into	a and politicis to the best of thy knowled	aye end Delic i.		
SIGNATURE Mulli	TITLE	Supt.		DATE 04-21-04
Type or print name Oren Albrigh	, t		Telephone	e No. 915/684-0504
(This space for State use)				A
APPROVED BY	marce IF	LD REPRESENTATIVE II/STAF	F WANAG	ER MAY 2 4 2004
Conditions of approval, if any:	Myr			
V				