Office	Energy, Minerals and	Natural Resources		Revised March 25, 1999
District I		and the second	WELL API	NO.
1625 N. French Dr., Hobbs, NM 87240			30-41-10538	<u> </u>
District II	OIL CONSERVATION DIVISION			e Type of Lease
811 South First, Artesia, NM 87410 2040 South Pacheco			STATE	FEE
District III	Santa Fe, N	M 87505		
1000 Rio Brazos Rd., Aztec, NM 87410				Oil & Gas Lease No.
District IV			2594	0
2040 South Pacheco, Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS				Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				23 FODERAL 23
DIFFERENT RESERVOIR. USE "APP	LICATION FOR PERMIT" (FORM C	-101) FOR SUCH PROPOSALS.)	TXL 3 Food	eral
1. Type of Well				
Oil Well Gas Well	Injector			
2. Name of Operator			8. Well No	
Chi Operating, Inc				z ame or Wildcat
3. Address of Operator PO Box 1799, Midland, TX 797	702		1	Chavaroo San Andres
4. Well Location				mavaroo can / marco
4. Wen Location				
Unit Letter 7 A 3	&&D feet from the	line and 660 feet from the	line	
Section 2 23	Township 7S	Range 33E NMPM	County	Roosevelt
	10. Elevation (Show whether DR, RKB,	RT, GR, etc.)		
11/Check	Appropriate Box to Indicate N	ature of Notice Report or Othe	er Data	
NOTICE OF INT			IT REPORT OF	•
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	t part with the	G CASING
			water t	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AN	
	· · .	0.0000 75070	ABANDO	NMENT
	MULTIPLE	CASING TEST AND CEMENT JOB		
	COMPLETION	CEMENT JOB		
OTHER:	1771	OTHER:		
12. Describe proposed or completed operati	ons. (Clearly state all pertinent details, and	give pertinent date, including estimated da	te	
of starting any proposed work). SE	E RULE 1103. For Multiple Completi	ons: Attach wellbore diagram of prope	osed completion	
of recompilation.	e de la companya de La companya de la co			
Repaired well and placed back in serv	ice, via casing swab			
			•	
(O · O				
I hereby certify that the information above is	rue and complete to the best of my knowle	edge and belief.		
	(w/X			
SIGNATURE	TITLE	Supt.	DATE	04-21-04
Type or print name Oren Albrig	jht .	Т	elephone No.	915/684-0504
(This space for State use)				
APPROVED BY Laure W. L.	TITLE TITLE	FIELD REPRESENTATIVE II/STA	AFF MANAGER	MAI 2 4 2004
Conditions of approval, if any:				