Office Energy, Minerals ar	d Natural Resources	Revised March 25, 1999
District I		WELL API NO.
1625 N. French Dr., Hobbs, NM 87240		30-41-10540
District II OIL CONSERVATION DIVISION		5. Indicate Type of Lease
	First, Artesia, NM 87410 2040 South Pacheco Santa Fe, NM 87505	
1000 Rio Brazos Rd., Aztec, NM 87410		
District IV		6. State Oil & Gas Lease No. 25976
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.)		TXL22Federal
1. Type of Well		
Oil Well Gas Well Injector		
2. Name of Operator		8. Well No.
Chi Operating, Inc.		1
3. Address of Operator		9. Pool name or Wildcat
PO Box 1799, Midland, TX 79702		Chavaroo San Andres
4. Well Location		
Unit Letter B : 660 feet from the V line and 1880feet from the E line		
Unit Letter B : DOD feet from the line and line line		
Section // 22 27 Township 7S	Range 33E NMPM	County Roosevelt
10. Elevation (Show whether DR, RK		County Proceeds
	, , , , , , , ,	
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
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
MULTIPLE	CASING TEST AND	ABANDONMENT
COMPLETION	CEMENT JOB	
OTHER:	OTHER:	
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent date, including estimated date		
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		
I hereby certify that the information above is true and complete to the best of my know	vledge and belief.	
SIGNATURE A. M.	Sum	04 24 04
SIGNATURE TITLE	Supt.	DATE <u>04-21-04</u>
Type or print name Oren Albright	Telepho	one No. 915/684-0504
(This space for State use)		
APPROVED BY Lary W. Winds		DATE
Conditions of approval, i(any:	FIELD REPRESENTATIVE II/STAFF MA	MAY 2 4 2004