Submit 3 Copies To Appropriate District	State of New Mexico				Form C-103
Office	Energy, Minerals and	Natural Resources	ľ		Revised March 25, 1999
District I				WELL API	10.
1625 N. French Dr., Hobbs, NM 87240	OIL CONSERVAT			30-41-10542	
District II			i		Type of Lease
811 South First, Artesia, NM 87410 2040 South Pacheco Santa Fe, NM 87505				STATE	FEE
District III	Santa Fe, N	IVI 67505		0.001.00	100
1000 Rio Brazos Rd., Aztec, NM 87410					l & Gas Lease No.
District IV 2040 South Pacheco, Santa Fe, NM 87505	:			25976	·
SUNDRY NOTICES AND REPORTS ON WELLS				7 Lease N	ame or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				20000 1	and of other groomone rame.
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					ral
1. Type of Well Oil Well Gas Well Injector					
Oil Well Gas Well Injector 2. Name of Operator					
Chi Operating, Inc				8. Well No.	
3. Address of Operator				9. Pool name or Wildcat	
PO Box 1799, Midland, TX 79	702			5 ; C	havaroo San Andres
4. Well Location					, ,
	: 660 feet from the S	440	(,,)		
Unit Letter M	: feet from the	_ line and 660_ feet from the		line	,
Section 22	Township 7S	Range 33E NMPM		County	Roosevelt
22	10. Elevation (Show whether DR, RKB,		<u> </u>	County	- TOOGGETOR
	,,	, , , , , , , ,			
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	\times	ALTERING	G CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.		PLUG ANI	
	MULTIPLE	CASING TEST AND		ABANDO	MENI
	COMPLETION	CEMENT JOB			
		JEMENT 332			
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.				/13 /10	1970/
Repaired well and placed back in ser	vice			1/15	124
				15	0 800
				13	377.79
				29.50	
				(0)	15 15 15 15 15 15 15 15 15 15 15 15 15 1
				Toil	्रें (
				1,65	
				/3	\$
0 0					
I hereby certify the information above i	is true and complete to the best of my know	ledge and helief			
		edge and penel.			
SIGNATURE M. M.	TITLE	Supt.		DATE	04-21-04
Type or print name Oren Albr	ight		Telephoi	ne No.	915/684-0504
(This space for State use)	OC F	IEI D REDD.			
(This space for State use) APPROVED BY Lary W. WIND Conditions of approval, if any: OC FIELD REPRESENTATIVE HASTAGER MAY 2.4.2001					
Conditions of approval, if any: MAY 2 4 2004					
-				- 4	·· ~ = 2004