Office	Energy, Minerals and	Natural Resources		Revised March 25, 1999
District !		* ** **	WELL API	NO.
1625 N. French Dr., Hobbs, NM 87240			30-41-10543	
District II	OIL CONSERVAT	ION DIVISION	5. Indicate	Type of Lease
811 South First, Artesia, NM 87410	2040 South Pacheco		STATE	FEE
District III	Santa Fe, N			
1000 Rio Brazos Rd., Aztec, NM 87410	Juna 1 5, 71	0, 000	6 State C	vil & Gas Lease No.
District IV			2597	
2040 South Pacheco, Santa Fe, NM 875	05		2597	<b>o</b>
	NOTICES AND REPORTS ON WELLS		7 10000	Jamo or Heit Assessment Norman
		N OB BLUG BACK TO A	7. Lease I	Name or Unit Agreement Name:
	PROPOSALS TO DRILL OR TO DEEPE			
DIFFERENT RESERVOIR. USE "A	APPLICATION FOR PERMIT" (FORM C	-101) FOR SUCH PROPOSALS.)	TXL22Fede	eral
1. Type of Well			ļ	
Oil Well Gas Well	Injector			
2. Name of Operator	•		8. Well No	). 4
Chi Operating, Inc				
3. Address of Operator	20700			me or Wildcat
PO Box 1799, Midland, TX 7	9702		, C	havaroo San Andres
4. Well Location				
	: 1980 leet from the 5	line and PSD feet from the	1 4 5 "	
Unit Letter K		line andfeet from the _	line line	
<b>.</b>				<b>-</b>
Section 22	<del></del>	Range 33E NMPM	County	Roosevelt
	10. Elevation (Show whether DR, RKB, I	RT, GR, etc.)		
44 Char	ale Annonciato Dougla Indianto M	atura of Nation Based or Oth	Data	<del></del>
	ck Appropriate Box to Indicate Na	•		
r	NTENTION TO:		NT REPORT OF	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERIN	G CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AN	D
	•		ABANDO	
	MULTIPLE	CASING TEST AND		
	COMPLETION	CEMENT JOB		
OTHER:		OTHER:		
, , , , , ,	rations. (Clearly state all pertinent details, and	• • • • • • • • • • • • • • • • • • • •		•
of starting any proposed work).	SEE RULE 1103. For Multiple Completic	ons: Attach wellbore diagram of prop	posed completion	·
of recompilation.			100	Q. %%
Repaired well and placed back in se	ervice:		3	
			10	The Desire
			08.62.80	
			\	<b>'દ</b> પ્રદેશ
				The same of the sa
				2000
I hereby certify that the information above	e is true and complete to the best of my knowle	dge and belief.		
SIGNATURE	MY TITLE	Supt.	DATE	04-21-04
		очи.	DATE	U-T-2 1-U-T
Type or print name Oren Alb	right	<u> </u>	Telephone No.	915/684-0504
(This space for State use)	, 0			
APPROVED BY Ham W.	TITLE .		DATE:	V 2 1 2001
Conditions of approval, if any:	OC.	— MAY 24 ANI		41 6 4 COUT
Conditions of approval, (fary:  OC FIELD REPRESENTATIVE IL/STAFF MANAGER				