

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Oil Cons.
N.M. DIV-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil ☐ Gas ☐ Well ☐ Other

2. Name of Operator

Chi Operating, Inc.

3. Address and Telephone No.

PO Box 1799, Midland, TX 79702

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SWSW22,7S,33E,NMP

5. Lease Designation and Serial No.

NMNM044701A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

TKL Federal 22 #3

9. API Well No.

30-041-310542

10. Field and Pool, or Exploratory Area

Chavaroo San Andres

11. County or Parish, State

Roosevelt

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

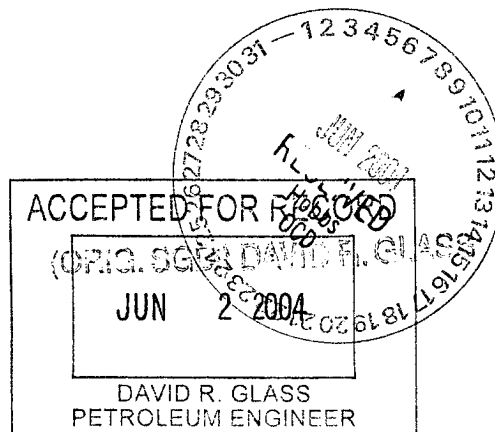
☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other PULLED WELL IN SWAB

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Pulled well,Converted to production via casing swab



14. I hereby certify that the foregoing is true and correct

Signed [Signature]

Title Supervisor

Date 4-21-04

(This space for Federal or State office use)

Approved by

Title _____

Date _____

Conditions of approval, if any:

Accepted for record only! Approval subject to returning well to continuous production and keeping well on continuous production!

o any department or agency of the United States any false, fictitious or fraudulent statements

tion on Reverse Side

GWW