| Submit 3 Copies To Appropriate District State of New Mexico Energy, Minerals and Natural Resources | | | | | | | Form C-103 | | |
|--|--|--------------------------|----------------|--------------|---------------------------------------|-------------|---------------------------------------|---------------------------------------|-------------------|
| Office Substrict 1 | Ellergy, Willierals | ana | vaturar r | esource. | • | 1 | WELL API N | | ed March 25, 1999 |
| 1625 N. French Dr., Hobbs, NM 87240 | | | | | | | 30-41-10137 | | |
| District II | OIL CONSER\ | VAT I | ON DI | VISION | ١ | | 5. Indicate | Type of Lease | |
| 811 South First, Artesia, NM 87410 2040 South Pacheco | | | | | | | STATE FEE | | |
| District III Santa Fe, NM 87505 | | | | | | | | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | | | | 6. State Oi | & Gas Lease N | 0. |
| District IV | | | | | | | 25943 | 1 | |
| 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.) | | | | | | | Haley San Andres Unit | | |
| 1. Type of Well | | | | | | | Chaveroo | | |
| Oil Well Gas Well Injector | | | | | | | | | |
| 2. Name of Operator | | | | | | | 8. Well No. | | |
| Chi Operating, Inc 3. Address of Operator | | | | | | | 0. Pool por | ne or Wildcat | |
| PO Box 1799, Midland, TX 79702 |) | | | | | | | o San Andr | es |
| 4. Well Location | | | | | | | Onavaio | o can ma | |
| | • - | | | | | | | | |
| Unit Letter F : 1 | 980 feet from the $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$ | $\overline{\mathcal{C}}$ | line and | 1980 | feet from the | W | line | | |
| | | | | | | | | | |
| Section 33 | Township 7S | | Range | 33E | NMPM | | County | Roosevelt | |
| 10 | . Elevation (Show whether DR | , RKB, F | RT, GR, etc.) | | | | | | |
| 11 Chook Am | proprieto Dov to India | oto Na | tura of N | latina D | | bos Doto | | | |
| NOTICE OF INTEN | propriate Box to Indica | ale iva | ature of N | | UBSEQUE | | OPT OE: | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | REMEDIA | AL WORK | ODSEQUE | | ALTERING | CASING | |
| | 1 200 / 110 / 12/110011 | | T CENTED I | L WORK | | | 761611114 | OAOINO | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMME | NCE DRILL | ING OPNS. | | PLUG ANI | | |
| · | MULTIPLE | | CASING | TEST AND | | | ABANDON | MENI | |
| | COMPLETION | | CEMENT | | , | | | | |
| | COM LETION | | OLIVILIAI | 300 | | | | | |
| OTHER: | | | OTHER: | | | | | | ★ |
| 12. Describe proposed or completed operations. | (Clearly state all pertinent detail | ils, and (| give pertinent | date, includ | ding estimated | date | | | |
| of starting any proposed work). SEE F | RULE 1103. For Multiple Co | mpletio | ons: Attach | wellbore d | iagram of pro | posed com | pletion | | |
| of recompilation. | | | | | | | | 10343538 | 7. |
| Repaired and placed back in service via c | asing swab | | | | | | 15.00 | | 178 |
| | | | | | | | - /\$\cdot\ | · ** | (\$\frac{1}{2}\) |
| | | | | | | | 0.00 | May. | ·- |
| | | | | | | | 12.5 | A. 1 | Suc' |
| | | | | | | | (V) | HOLLIE | 'n |
| | | | | | | | 1. | 000 is | - |
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| | | | | | · · · · · · · · · · · · · · · · · · · | | | · · · · · · · · · · · · · · · · · · · | |
| I hereby certify that the information above is true | and complete to the best or my | Knowie | age and belie | e T . | | | | | |
| SIGNATURE / MU CHY | JUI TI | ITLE . | Supt. | | | | DATE | 05-06-04 | |
| Type or print name Oren Albright | | | | | | Tolopho | na Na | 045/604.0 | E04 |
| (This space for State use) | 700 | FIELD | DEBOES | Ph 100 1 222 | | Telepho | | 915/684-0 | 504 |
| APPROVED BY JAMIN. U | Junk # | TLE | → KCTKES | ENTATIV | 'E II/STAFF | MANAG | DATE | JUI NO | f |
| Conditions of approval, if any | | • | | | | | | | - रागीक |
| U | | | | | | | | | |