Office	Effergy, wither als and	Matural McSources	
District I			WELL API NO.
1625 N. French Dr., Hobbs, NM 87240			30-41-10138
District II	OIL CONSERVAT	ION DIVISION	5. Indicate Type of Lease
811 South First, Artesia, NM 87410	2040 South F	Pacheco	STATE FEE
District III	Santa Fe, NN	A 87505	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.
District IV			25943
2040 South Pacheco, Santa Fe. NM 87505			
	ES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPO		N OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLIC			Haley San Andres Unit
	SATION FERMIN (I SIMI S	101) 1 01(00011 1101 001.20.)	1
1. Type of Well	- Inicator \$/		
Oil Well Gas Well	Injector		8. Well No.
2. Name of Operator			18
Chi Operating, Inc			9. Pool name or Wildcat
 Address of Operator PO Box 1799, Midland, TX 79702 			Chavaroo San Andres
			Onavaroo carry marco
4. Well Location			
I lait Latter 1	fact from the	line and feet from the	line
Unit Letter J :	feet from the	ine andieet nom the	mes .
Continu 22	Township 7S	Range 33E NMPM	County Roosevett
Section 33). Elevation (Show whether DR, RKB.		County Noodoven
	Elevation (Show Whether DIX, NXD.	(1, ON, Clas)	
11 Charle An	proprieto Poy to Indicato N	ature of Notice Papert or Oth	oor Data
		ature of Notice, Report or Oth	NT REPORT OF:
NOTICE OF INTEN	_ and a contract of		ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND
			ABANDONMENT
	MULTIPLE	CASING TEST AND	
	COMPLETION	CEMENT JOB	
	*		
OTHER:		OTHER:	
12. Describe proposed or completed operations	. (Clearly state all pertinent details, and	give pertinent date, including estimated d	late
of starting any proposed work). SEE i	RULE 1103. For Multiple Completi	ons: Attach wellbore diagram of prop	posed completion
of recompilation.			
Repaired and placed back in service via o	casing swab		-6736
			03456789705
			(N)
4. •			(5 0 00 0)
			- (6) - 6, 多 到
			<u> </u>
\sim	ß.		
I hereby certify that the information above is true	and complete to the best of my knowle	dge and belief.	
	7	•	04.24.04
SIGNATURE / MUMM	TITLE	Supt.	DATE 04-21-04
Type or print name Oren Albright			Telephone No. 915/684-0504
(This space for Statte use)	. 0		7 10100 110. 0 10100 7 000 7
APPROVED BY	TITLE	OC FIELD REPRESENTATIVE I	I/CTAFF MADAMETER
Conditions of approval, if any:		SO LILLO ALI RESERVIMITYET	1 0 1 c
7.			JUL 0 1 2004
			r