

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons.  
N.M. DIV-Dist. 2  
1301 W. Grand Avenue  
Artesia, NM 88210

FCRM 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 Well ☐ 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)

SESW22, 7S, 33E, NMP

Unit N

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Federal 22

9. API Well No.

30-041 R10609

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

☐ 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

ACCEPTED FOR RECORD  
(ORIG. SGD.) DAVID R. GLASS  
JUN 2 2004  
DAVID R. GLASS  
PETROLEUM ENGINEER

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

Signed

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!

no any department or agency of the United States any false, fictitious or fraudulent statements

ation on Reverse Side

GWW