Submit 3 Copies To Appropriate District	State of New M	exico	Form C-103
Office	Energy, Minerals and Natural Resources		May 27, 2004
District I 1625 N. French Dr., Hobbs, NM 88240	morgy, minorals and rad	au resources	WELL API NO.
District II	OIL CONSERVATION	DIVISION	30-041-10493
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Fra		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8		Federal x
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa FC, INIVI o	7505	 6. State Oil & Gas Lease No. 025948
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)			Jennifer Chaveroo SA Unit
1. Type of Well: Oil Well x Gas We	Il 🗌 Other		Well Number 016
2. Name of Operator Chi Operating, Inc.	<u> </u>	-	9. OGRID Number 021778
3. Address of Operator	* **** **** **************************		10. Pool name or Wildcat Chaveroo
PO Box 1799, Midland, TX 79702			
4. Well Location			-
			980feet from theWline
Section 25	Township 07S Elevation (Show whether D)		
Pit or Below-grade Tank Application or Closure Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water			
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTEN	TION TO:	SUB	SEQUENT REPORT OF:
		REMEDIAL WOR	
—	NGE PLANS	COMMENCE DRI	
PULL OR ALTER CASING 🔲 MUI		CASING/CEMEN	ТЈОВ
OTHER:		OTHER:	· · · · · · · · · · · · · · · · · · ·
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion			
of starting any proposed work). So or recompletion.	SEE RULE 1103. For Multi	ple Completions: At	tach wellbore diagram of proposed completion
of recompletion.			11213141576
			(3) 19 10 10 16 13 Y
Changed pump. Placed well back in service	æ.		Star Ba
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			100 11 100 11 100 100 300 300 300 300 300 300 300 300 300
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below- grade tank has been/will be constructed or closed according to NMOCD guidelines [], a general permit [] or an (attached) alternative OCD-approved plan [].			
SIGNATURE In My	TITLE	Supervisor	DATE06/02/05_
Type or print name	E-mail a	ddress: peiop@ae	UngnENGINFERDhone No. 437/684-0504 2005
For State Use Only		FEINOLE	
APPROVED BY:	TITLE		DATE
Conditions of Approval (if any):			