Submit 3 Copies To Appropriate District Office	State of New Energy, Minerals and I		Form C-103 Revised May 08, 2003
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minierals and I	vaturur Resources	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30 -0 25 -27400 5. Indicate Type of Lease	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE K
District IV 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.	
87505			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Lea
1. Type of Well:			8. Well Number
Oil Well Gas Well Other Disposal #1			#1
2. Name of Operator Chaparral S.W.D., L.P.			9. OGRID Number
3. Address of Operator			004094 10. Pool name or Wildcat
P. O. Box 1769 Eunice, NM 88231			San Andres
4. Well Location			
Unit Letter B: 660 feet from the North line and 1650 feet from the East line			
Section 17 Township 23S Range 37E NMPM Lea County			
Section 17 Township 23S Range 37E NMPM Lea County 11. Elevation (Show whether PR, RKB, RT, GR, etc.) 3327 G.L.			
12. Check A	ppropriate Box to Indicat		• .
	PLUG AND ABANDON	REMEDIAL WOR	SEQUENT REPORT OF: K
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	
_		ત	ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN	ND []
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 or recompletion.			
or recompletion.			
l. Rigged up unit			232425262728
2. Came out hole w/	27/8" tubing		TANA TO CO.
3. Found hole			
4. Tested pipe back in hole 5. Loaded back side to 550# ran chart.			
6. Rigged down and put well back on production			
o. Rigged down and	pac well back on pro	ddction	
T			None of the second
\wedge	\sim		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Jane	rolling TITLE	Partner	DATE_03-01-06_
Type or print name Paul Prath	ner		Telephone No. 390 1437
(This space for State use) OC FIELD REPRESENTATIVE II/STAFF MANAGER			
APPPROVED BY Ham	Wink TITLE		DATE
Conditions of approval if appr		·	