

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 87240

District II

811 South First, Artesia, NM 87410

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

Revised March 25, 1999

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

WELL API NO.

30-025-23247

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

25797

7. Lease Name or Unit Agreement Name:

Pearl Marr

8. Well No.

1

9. Pool name or Wildcat

Sawyer San Andres, West

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

1. Type of Well

Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

Chi Operating, Inc.

3. Address of Operator

PO Box 1799, Midland, Tx. 79702, 915/685-5001

4. Well Location

Unit Letter P : 660 feet from the South line and 660 feet from the East line

Section 33 Township 9S Range 37E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

REMEDIAL WORK ☒ ALTERING CASING ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

MULTIPLE COMPLETION ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent date, including estimated date

of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion of recompletion.

Well did not pass the Standard Annulus Pressure test, pulled tubing, replaced packer  
well passed test, (see enclosed chart)

PK  
4817

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Oren Albright*

TITLE Supt.

DATE 2/23/01

Type or print name Oren Albright

Telephone No. 915-684-0504

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any:

DISTRICT OFFICIAL'S SIGNATURE

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