

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.

30-025-24344

5. Indicate Type of Lease

STATE ☐

FEE ☐

X ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

SFPRR

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

SWD

2. Name of Operator

Chi Operating, Inc.

8. Well No.

15

3. Address of Operator

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

9. Pool name or Wildcat

Sawyer San Andres, West

4. Well Location

Unit Letter B : 800 feet from the North line and 2121 feet from the East line

Section 34 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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

MULTIPLE

COMPLETION ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND

ABANDONMENT ☐

CASING TEST AND

CEMENT JOB ☐

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)

Handwritten: 7/15/83
HASS

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

SIGNATURE

Handwritten 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:

Handwritten: 12/5

Handwritten: 8

