OTHER: 12. Describe proposed or completed operations. (Clearly state all pertinent datails, 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 recompilation. Well sign replaced

Injector

1980 feet from the Noth

PLUG AND ABANDON

CHANGE PLANS

MULTIPLE

COMPLETION

98

Other

Submit 3 Copies To Appropriate District

1625 N. French Dr., Hobbs, NM 87240

811 South First, Artesia, NM 87410

1000 Rio Brazos Rd., Aztec, NM 87410

2040 South Pacheco, Santa Fe, NM 87505

Gas Well

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

NOTICE OF INTENTION TO:

C~~~

Distruct I

District II

District III

District IV

1. Type of Well

Oil Well

Name of Operator Chi Operating, Inc.

3. Address of Operator

Well Location

Unit Letter

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

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I hereby certify that the information abo	ove is true and coopplete to the t	est of my know	riedge and belief					
SIGNATURE MULL	les	TITLE	Supt.			DATE	6/24/02	-
Type or print name Oren Albright			Telephor		ne No.	915-684-0504		
(This space for State use)							` ^	
APPROVED BY		TITLE	لــُــــــــــــــــــــــــــــــــــ	RIGINAL SIGNE	13 (i)	DATE	JUN 2 7 200	17
Conditions of approval, if any:				- PAHI E KATIT				۷
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