Submit 3 Copies To Appropriate District	State of New Mexico				Form C-103			
Office	Energy, Minerals and Natural Resources				Revised Merch 25, 1999			
District I				W	ELL API N	0.		
1625 N. French Dr., Hobbs, NM 87240				3	0-041-1	0165		
District II OIL CONSERVATION DIVISION					5. Indicate Type of Lease			
811 South First, Artesia, NM 87410 2040 South Pacheco					STATE	X FEE		
District III Santa Fe, NM 87505						ا ليا	<u> </u>	
1000 Rio Brazos Rd., Aztec, NM 87410					6. State Oil & Gas Lease No.			
District IV							]	
2040 South Pacheco, Santa Fe, NM 87	'505							
SUNDRY NOTICES AND REPORTS ON WELLS					7. Lease Name or Unit Agreement Name:			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A					Haley Chavaroo SA Unit			
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)								
1. Type of Well		,					]	
Oil Well Gas Well	Other Injector						1	
2. Name of Operator						8. Well No.		
Chi Operating, Inc.					10			
3. Address of Operator					Pool name or Wildcat			
PO Box 1799, Midland, Tx. 79702, 915/685-5001					Chavaroo San Andres			
4. Well Location								
Unit Letter F	: 1980 feet from the N	oth line and	1980 feet from the	West lin	e			
		_		_				
Section	34 Township 75		33E NMPM	Cı	ounty	Roosevelt		
10. Elevation (Show whether DR, RKB, RT, GR, etc.)								
11 Ch	nak Angransiata Bay ta li	adianta Natura (	f Niction Donort or	Other Det	•			
	eck Appropriate Box to In INTENTION TO:	iuicate Nature t	Notice, Report of SUBSEQU			•		
PERFORM REMEDIAL WORK	PLUG AND ABANDOI	N TT DEMER	OIAL WORK			CASING		
PERFORM REMEDIAL WORK	FLUG AIND ABAINDOI	N L   REMED	MAL WORK	^ لـكا	LIERING	CASING		
TEMPORARILY ABANDON	CHANGE PLANS	СОММ	ENCE DRILLING OPNS	. 🔲 Р	LUG AND	)		
				A	BANDON	MENT		
	MULTIPLE		TEST AND	لــا				
	COMPLETION	CEMEN	II JOB					
OTHER:		OTHER	:					
12. Describe proposed or completed op	erations. (Clearly state all pertinent	<del></del>		date	<del>.~</del>			
of starting any proposed work	). SEE RULE 1103. For Multip	ple Completions: At	tach wellbore diagram o	of proposed co	mpletion			
of recompilation.								
Conver	rted injector to producer,	tested casing,	chart attached, pulle	ed and laye	d down	tubing		
set well up to produce via casing swab.								
					22X			
					16	÷		
					12 13 14 25			
					12			
					<u>C</u>	<b>∱</b> \	L.	
	,				1/2	MUZES CDS		
_					12	Cities		
I hereby certify that the information also	ve is true and complete to the best o	of my imputades and he	diad					
Thereby certify that the minoritation and	A THE SHOOT OF THE STATE OF THE	in my knownedge and be	aci.					
SIGNATURE MUNICIPAL CONTRACTOR SIGNATURE	lley W	TITLE Supt.			DATE	8/15/02	<del></del>	
Type or print name	oren Albright			Telephone	e No.	915-684-05	04	
(This space for State use)								
APPROVED BY		TITLE		<del></del>	DATE	ALIC A	2 0/ 22	
Conditions of approval, if any:	C	DRICIMA <mark>L SIGN</mark> JARY W. WINK	ED BY			AUG 2	2 2002	
OC FIELD REPRESENTATIVE II/STAFF MANAGER								
		- AM IXI.	STAF	f manag	ER			

