Submit 3 Copies To Appropriate District	State of Nev				Form C-103
Office	Energy, Minerals and	d Natural Resources		F	tevised March 25, 1999
District !			, j	WELL API NO.	
1625 N. French Dr., Hobbs, NM 87240	All AA.1A		3	30-041-10165-00-00	
District II	OIL CONSERVA			5. Indicate Type of Lea	se
811 South First, Artesia, NM 87410 2040 South Pacheco			1	STATE FE	EX
District III Santa Fe, NM 87505					***************************************
1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Gas Leas	se No.
District IV					
2040 South Pacheco, Santa Fe, NM 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:	
1				raley Chavaroo San And	dres Unit
DIFFERENT RESERVOIR. USE "APPI	LICATION FOR PERMIT" (FORM	C-101) FOR SUCH PROPOSALS.)		
1. Type of Well	m., V				
Oil Welt Gas Welt 2. Name of Operator	Other X			8. Well No.	
Chi Operating, Inc.				34-5 [()	
3. Address of Operator				9. Pool name or Wildcat	
PO Box 1799, Midland, Tx. 79702, 915/685-5001				Chavaroo San Andres	
4. Well Location					
	000	,0a.)		
Unit Letter F : {	760 feet from the	line and 1980 feet from the	<u> W</u> "	ine	
Section 34	Township 7S	Range 33E NMPM		County Roosevelt	
Harry Control	0. Elevation (Show whether DR, RKB,	KI, GK, etc.)			
11 Charles	Annrondiate Roy to Indicate	Nature of Notice, Report or	Other Dr	ata	
NOTICE OF INTE		Nature of Notice, Report or SUBSEQUE			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		OKT OF. ALTERING CASING	
		THE THOUSE TO SELECTION OF THE SELECTION	م لیسا	TENING CHOING	<u></u>
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	•	PLUG AND	
	MULTIPLE	CASING TEST AND	<i>/</i>	ABANDONMENT	
	COMPLETION	CASING TEST AND			
	COM LL TOTA	OCIVICITY OUD			
OTHER:	X.	OTHER:			
12. Describe proposed or completed operation					
of starting any proposed work). SE	E RULE 1103. For Multiple Comp	letions: Attach wellbore diagram of	proposed c	ompletion	
of recompilation.	bia mali faran interse - s	disawa Missimolo i fi At			
		ducer, By; poh w/tubing, rih	w/scraper	r, πn w/packer	
test casing, if ok, set	up to produce				
I hereby certify that the information above is tru	ue and complete to the best of my knowl	edge and belief.			
SIGNATURE (See Ully	TITLE	Sunt		DATE 6/6/0	n
	1	Supt.	 	2=/	* ·
Type or print name DREW	ALBRIDE		Telephon	e No.4/15/68	4-0504
(This space for State use)				30.00	
APPROVED BY	TITLE	-		DATE OF	
Conditions of approval, if any:					
		Fall (a)			