

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

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-041-10213-00-00

5. Indicate Type of Lease

STATE ☐

FEE ☐

☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Haley Chavaroo San Andres Unit

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.

8. Well No.

34-12

3. Address of Operator

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

9. Pool name or Wildcat

Chavaroo San Andres

4. Well Location

Unit Letter B feet from the _____ line and _____ feet from the _____ line

Section 34 Township 7S Range 33E NMPM County Roosevelt

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 recompilation.

Pulled well, ran in hole with scraper, layed down tubing, replaced tubing with poly lined tubing (Salta) ran in
hole with packer, set at 4078.5', pressured up back side, well held, (Chart enclosed), rigged
down, returned well to injection.

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

SIGNATURE

TITLE Supt.

DATE 6/16/00

Type or print name

Oren Albright

Telephone No. 915-684-0504

(This space for State use)

APPROVED BY

TITLE

DATE

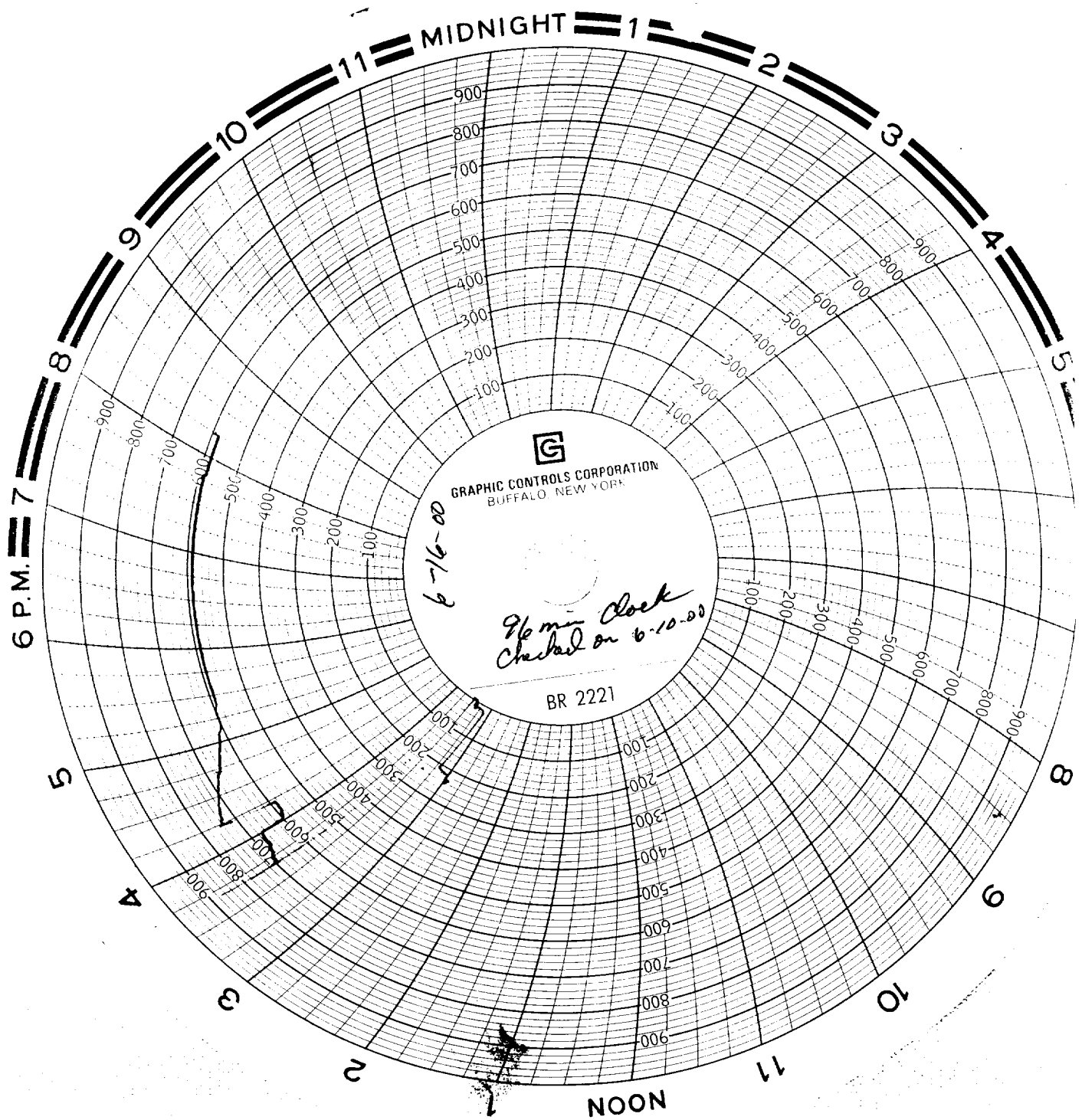
Conditions of approval, if any:

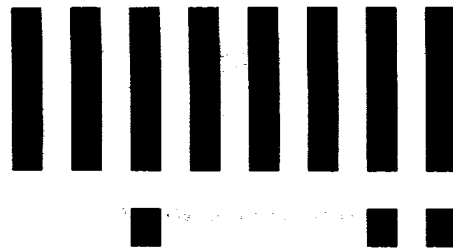
STATE WORK
FIELD REP. II

JUN 30 2000

JK







LTR



Job separation sheet

1. The first part of the document is a title page. It contains the title of the document, the author's name, and the date of the document. The title is "The First Part of the Document". The author's name is "John Doe". The date is "1/1/2020".

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

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO.

30-041-10213-00-00

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Haley Chavaroo San Andres Unit

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

Chl Operating, Inc.

3. Address of Operator

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

8. Well No.

34-12

9. Pool name or Wildcat

Chavaroo San Andres

4. Well Location

Unit Letter B : _____ feet from the _____ line and _____ feet from the _____ line

Section 34 Township 7S Range 33E NMPM County Roosevelt

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 recompilation.

Plan to test the casing in this well, if it tests good, we will return it to an active injector.

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

SIGNATURE

TITLE Supt.

DATE 6/6/00

Type or print name

Dean Albright

Telephone No. 915/684-0504

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any: