

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. 30-041-10243-00-00
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Haley Chavaroo San Andres Unit
8. Well No. 34-2 7
9. Pool name or Wildcat Chavaroo San Andres

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.

3. Address of Operator

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

4. Well Location

Unit Letter B : 660 feet from the N line and 1980 feet from the E 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 ☐

CASING TEST AND ☐ ABANDONMENT

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.

Request to change this well from injector to producer, By; poh w/tubing, rih w/scraper, rih w/packer test casing, if ok, set up to produce

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 OREN ALBRITTS

Telephone No. 915/684-0504

(This space for State use)

APPROVED BY

TITLE

DATE

Conditions of approval, if any:

LTR



Job separation sheet

District I
1625 N. French Dr., Hobbs, NM 88240
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State of New Mexico
Energy Minerals & Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-104
Revised March 25, 1999

Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Chi Operating, Inc. P.O. Box 1799 Midland, Texas 79702		² OGRID Number 4378
		³ Reason for Filing Code CH - Effective July 1, 1999
⁴ API Number 30 - 041-10243	⁵ Pool Name Chaveroo San Andres	⁶ Pool Code 12049
⁷ Property Code 25943	⁸ Property Name Haley CSA Unit	⁹ Well Number 7

II. ¹⁰ Surface Location

UL or lot no. B	Section 34	Township 7S	Range 33E	Lot Idn	Feet from the 660	North/South line NORTH	Feet from the 1980	East/West line EAST	County ROOSEVELT
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¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Lse Code S	¹³ Producing Method Code Inject	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
021778	Sunoco, Inc. (R & M) P.O. Box 7830 Tulsa, OK 74102-2839	2071110	O	
024650	Dynegy Midstream Services 1600 Louisiana St. Suite 2000 Houston, Texas 77002	2071130	G	

IV. Produced Water

²³ POD 2071150	²⁴ POD ULSTR Location and Description
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V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBSD	²⁹ Perforations	³⁰ DHC, MC
³¹ Hole Size	³² Casing & Tubing Size	³³ Depth Set	³⁴ Sacks Cement		

VI. Well Test Data

³⁵ Date New Oil	³⁶ Gas Delivery Date	³⁷ Test Date	³⁸ Test Length	³⁹ Tbg. Pressure	⁴⁰ Csg. Pressure
⁴¹ Choke Size	⁴² Oil	⁴³ Water	⁴⁴ Gas	⁴⁵ AOF	⁴⁶ Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

William R. Bergman

Printed name: William R. Bergman

Title: President

Date: 6/7/00

Phone: (915) 685-5001

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY JUDITH WILLIAMS
DISTRICT SUPERVISOR

Title:

Approval Date:

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Robert Marshall
Previous Operator Signature

Robert H. Marshall
Printed Name

V Pres
Title

6/7/00
Date

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Permian Resources, Inc., d/b/a Permian Partners, Inc.		Well API No. 30-041-10243 ✓
Address P. O. Box 590, Midland, TX 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Effective: 6-1-93
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <u>Snyder Oil Corp.</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Haley Chaveroo / CSA UN Sec 34	Well No. 2	Pool Name, Including Formation Chaveroo San Andres	Kind of Lease State, Federal or Fee	Lease No. K-3935
Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>34</u> Township <u>7S</u> Range <u>33E</u> , NMPM, <u>Roosevelt</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>INJECTION WELL</u>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When?	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Robert Marshall
Signature
Robert Marshall Vice President
Printed Name
June 10, 1993 915/685-0113
Date Telephone No.

OIL CONSERVATION DIVISION

JUN 22 1993

Date Approved _____
By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JUN 14 1993

AT
1993