

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

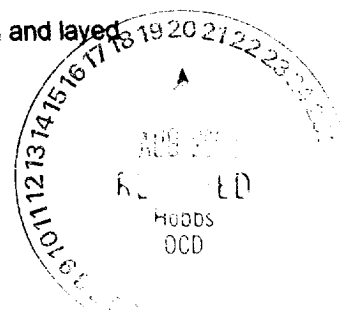
WELL API NO. <b>30-041-10537</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> <b>Federal</b>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: <b>Federal 23</b>
8. Well No. <b>11</b>
9. Pool name or Wildcat <b>Chavaroo San Andres</b>

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> <b>Injector</b>	
2. Name of Operator <b>Chi Operating, Inc.</b>	
3. Address of Operator <b>PO Box 1799, Midland, Tx. 79702, 915/685-5001</b>	
4. Well Location  Unit Letter <b>F</b> : <b>1980</b> feet from the <b>Noth</b> line and <b>1980</b> feet from the <b>West</b> line  Section <b>23</b> Township <b>7S</b> Range <b>33E</b> NMPM County <b>Roosevelt</b>	
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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

Well did not pass pressure test, repaired, retested, chart attached, pulled and laved down tubing will make well a producer and produce, via swab unit.



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

SIGNATURE *Oren Albright* TITLE Supt. DATE 8/15/02

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:

ORIGINAL SIGNED BY  
GARY W. WINK  
OC FIELD REPRESENTATIVE II/STAFF MANAGER

AUG 22 2002

