Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103
Office	Energy, Minerals and Natural Resources			Revised March 25, 1999
District !			1	WELL API NO.
1625 N. French Dr., Hobbs, NM 87240	OIL CONCEDIA	ATION DO (1010)	ŀ	30-041-10588
District II OIL CONSERVATION DIVISION]	5. Indicate Type of Lease
811 South First, Artesia, NM 87410				STATE FEE
District III	Santa Fe, NM 87505			
1000 Rio Brazos Rd., Aztec, NM 87410			1	6. State Oil & Gas Lease No.
District IV				
2040 South Pacheco, Santa Fe, NM 875				
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				Midwest Morgan Federal
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				
1. Type of Well Oil Well Gas Well Other Injector				
Name of Operator				8. Well No.
Chi Operating, Inc.				1
3. Address of Operator				9. Pool name or Wildcat
PO Box 1799, Midland, Tx.	79702, 915/685-5001		<u>.</u>	Chavaroo San Andres
4. Well Location				
Unit Letter I	1980 feet from the South	line and 660 feet from the	East)	line
Santing 45	T 4: TO			
Section 13	Township 7S 10. Elevation (Show whether DR, RKI	Range 33E NMPM	<u> </u>	County Roosevelt
	10. Elevation (Show whether DK, KK	b, KT, 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		REMEDIAL WORK		ALTERING CASING
		7		
TEMPORARILY ABANDON L	CHANGE PLANS	COMMENCE DRILLING OPNS.		PLUG AND ABANDONMENT
	MULTIPLE	CASING TEST AND		ASAND SNIVIER (
	COMPLETION	CEMENT JOB	<u></u>	
	P-1-1-2			F(
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. Placed well back in service, 10-20-01, Casing integrity test was performed, 10-12-01, chart already at OCD				
1 Jaced Well back I	in service, 10-20-01, Casing i	megnty test was pendimed,	10-12-01,	chart already at OCD
I hereby certify that the information above	is true and complete to the best of my kno	wiedge and belief.		10-15-01
SIGNATURE CLU C	Ellegh TITLE	Supt.		DATE #######
Type or print name	Oren Albright		Telephon	ie No. 915-684-0504
(This space for State use)	7171 F	Service of the servic		
APPROVED BY Conditions of approval, if any:	TITLE		·.	DATE
Somming of approvar, it arry.		1.34	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

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