

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.<br>30-041-20066  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name:<br>Hondo State  |
| 8. Well No.<br>1  |
| 9. Pool name or Wildcat <i>SWD</i><br>Chavaroo San Andres   |

|   |  |
|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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<br>Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector  |  |
| 2. Name of Operator<br>Chi Operating, Inc.  |  |
| 3. Address of Operator<br>PO Box 1799, Midland, Tx. 79702, 915/685-5001   |  |
| 4. Well Location<br>Unit Letter <u>F</u> 1980 feet from the <u>North</u> line and 1980 feet from the <u>West</u> line<br>Section <u>31</u> Township <u>7S</u> Range <u>34E</u> <sup>33</sup> NMPM County <u>Roosevelt</u> |  |
| 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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
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 recompletion.

Well did not pass pressure test, will repair and retest

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 6/24/02  
Type or print name Oren Albright Telephone No. 915-684-0504

(This space for State use)

APPROVED BY GARY W. WINK DATE JUN 27 2002

Conditions of approval, if any:

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