

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.

30-005-10434

5. Indicate Type of Lease

STATE

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FEE

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6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

State 5A

8. Well No.

1

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

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Gas Well

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Other

Injector

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 C : 660 feet from the North line and 1980 feet from the West line

Section

5

Township

8S

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

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PLUG AND ABANDON

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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 recompilation.

Well did not pass pressure test, repaired, retested, chart attached, pulled and layered 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
8/24/02

Type or print name

Oren Albright

Telephone No.

915-684-0504

APPROVED BY

Conditions of approval, if any:

TITLE

ORIGINAL SIGNED BY

GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

AUG 22 2002

