

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.

30-041-10490

5. Indicate Type of Lease

STATE ☐

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Haley Chavaroo San Andres Unit

8. Well No.

35

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

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 F : 1980 feet from the North line and 1980 feet from the West line

Section 3 Township 8S Range 33E NMPM

County Roosevelt Chaves

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 ☐

ABANDONMENT

CASING TEST AND ☐

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 recompilation.

Placed well back in service, 10-20-01, Casing integrity test was performed, 10-12-01, chart already at OCD

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

10-15-01
#####

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:

1001