

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.

30-005-10551

5. Indicate Type of Lease

STATE



FEE



6. State Oil & Gas Lease No.

NM-1083

7. Lease Name or Unit Agreement Name:

Haley Chavaroo SA Unit

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.

8. Well No.

42

3. Address of Operator

PO Box 1799, Midland, Tx. 79702, 915/685-5001

9. Pool name or Wildcat

Chavaroo San Andres

4. Well Location

Unit Letter

P

990 feet from the South line and

660 feet from the East line

Section

3

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



PLUG AND ABANDON



REMEDIAL WORK



ALTERING CASING



TEMPORARILY ABANDON



CHANGE PLANS



COMMENCE DRILLING OPNS.



PLUG AND
ABANDONMENT



MULTIPLE
COMPLETION



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 pull and repair, and retest, *July* June 21, 2002

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

TITLE

GARY W. WINK
OC FIELD REPRESENTATIVE II/STAFF MANAGER

DATE

Conditions of approval, if any:

ORIGINAL SIGNED BY

GARY W. WINK

OC FIELD REPRESENTATIVE II/STAFF MANAGER