

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, 1989

WELL API NO.

30-005-20548

5. Indicate Type of Lease

STATE

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FEE

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6. State Oil & Gas Lease No.

NM-5144

7. Lease Name or Unit Agreement Name:

State 5-8-33

8. Well No.

5

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 G : 1980 feet from the Noth line and 1980 feet from the East 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 passed 500# test (chart enclosed), will pull well and convert to producer,
well sign replaced

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 ORIGINAL SIGNED BY

DATE

Conditions of approval, if any:

DATE

DATE FIELD REPRESENTATIVE / STAFF MANAGER

