

Submit 3 Copies To Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised March 25, 1989

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

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

WELL API NO. 30-005-20548
5. Indicate Type of Lease STATE [X] FEE []
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 [] 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 G : 1980 feet from the North line and 1980 feet from the East line
Section 5 Township BS 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 [X] 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.
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 [Signature] TITLE Supt. DATE 6/24/02
Type or print name Oren Albright Telephone No. 915-684-0504
APPROVED BY [Signature] TITLE ORIGINAL SIGNED BY DATE
Conditions of approval, if any: ORIGINAL SIGNED BY DATE

