

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Injector	6. If Indian, Allocated or Tribe Name Chavaroo San Andres - Tr. 1
2. Name of Operator Chi Operating Inc. <i>Permian Resources</i>	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. PO Box 1799, Midland, Tx. 79702 <i>685 5001</i> <i>915/685-5501 wrong</i>	8. Well Name and No. #4
4. Location of Well (Footage, T., R., M., or Survey Description) 660 FNL & 660 FWL Sec 3, T8S, R32E	9. API Well No. 30-005-20716
	10. Field and Pool, or Exploratory Area Chavaroo San Andres
	11. County or Parish, State Chaves, NM

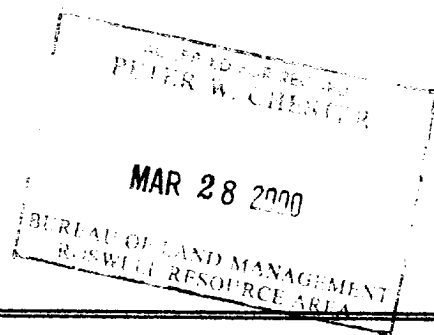
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Convert Inj. To Producer</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Reporting work completed prior to our purchase of the lease.

Well now a producer. *Eff. 2/1/00*



14. I hereby certify that the foregoing is true and correct.

Signed

Title

[Signature]
Supt.

Date

3/15/00

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instructions on Reverse Side

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WASHINGTON, D.C.

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