

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.

30-005-20907

5. Indicate Type of Lease

STATE

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FEE

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6. State Oil & Gas Lease No.

25927

7. Lease Name or Unit Agreement Name:

Chavaroo San Andres 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

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Gas Well

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Other

2. Name of Operator

Chi Operating, Inc.

8. Well No.

#27

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 D : 660 feet from the N line and 990 feet from the W line

Section 10 Township 8S Range 33E NMPM County Chavez

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

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CHANGE PLANS

☐

MULTIPLE

☐

COMPLETION

OTHER:

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SUBSEQUENT REPORT OF:

REMEDIAL WORK

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ALTERING CASING

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COMMENCE DRILLING OPNS.

☐

PLUG AND

ABANDONMENT

☐

CASING TEST AND

☐

CEMENT JOB

OTHER:

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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 well bore diagram of proposed completion
of recompletion.

Pulled and layed down rods and pump, pulled tubing, ran in hole with bit and scraper, pulled
and layed down tubing, prepped well head for portable swab unit, effective 07-15-00

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

10-20-00

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:

