

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. **30-041-20769**
5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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 SWD

2. Name of Operator
Chaveroo Operating Company, Inc.

8. Well No.
5

3. Address of Operator
c/o Oil Reports & Gas Services, Inc., Box 755, Hobbs, NM

9. Pool name or Wildcat
Chaveroo San Andres

4. Well Location
Unit Letter M : 1310 Feet From The South Line and 1310 Feet From The West Line

Section 24 Township 7S Range 32E NMPM Roosevelt County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4452.6 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Convert to Water Disposal ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Work began 5/1/90. Ran 2 3/8" fiber glass lined tubing with
Baker coated tension packer set at 4000'. Loaded hole with
KCL water. 5/7/90 well inspected by Jack Griffin with OCD.
Start injection 5/8/90

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Donna Holler TITLE Agent DATE 5/11/90

TYPE OR PRINT NAME Donna Holler

TELEPHONE NO. 505-393-2727

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT I SUPERVISOR

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 14 1990