MAR 16 2009

Submit 2 Copies To Appropriate District Office	State of New Mexico			Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	October 25, 2007 30-015-23523
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. , Santa Fe, NM 87505		5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
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			7. Lease Name or Unit Agreement Name State IX Gas Com.	
PROPOSALS.) 1. Type of Well: X Oil Well Gas Well Other			3. Well Number	1
2. Name of Operator Chesapeake Operating, Inc.			9. OGRID Number 147179	
3. Address of Operator P.O. Box 18496 Oklahoma City, OK 73154-0496			10. Pool name or Wildcat Baldridge Canyon; Morrow	
4. Well Location				
Unit Letter H : 2030'	feet from the North line and 88			
Section 6 Township 24S Range 25E ^t NMPM County Eddy 11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3894' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			EQUENT RE	
PERFORM REMEDIAL WORK DEPLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI			.ING OPNS.□	ALTERING CASING ☐ ' P AND A ☐
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB				
OTHER:	<i>₹ h</i> ,		dv for OCD insp	ection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.				
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
☐ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and tank have been removed				
from lease and well location.				
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)				
All other environmental concerns have been addressed as per OCD rules. All other environmental concerns have been addressed as per OCD rules. Pipelines and flow lines have been abandoned in accordance with 19.15.9.714.B(4)(b) NMAC. All fluids have been removed from				
Pipelines and flow lines have bee non-retrieved flow lines and pipelines.		19.15.9.714.B(4)(b) N	MAC. All fluids	have been removed from
				16 4
When all work has been completed, reinspection has to be made to a P&A lo				
SIGNATURE Dega 1	TITLE S	enior Regulatory Com	p. Spec.	DATE <u>03/13/2009</u>
TYPE OR PRINT NAME Bryan Arra For State Use Only	ent E-MAIL:	bryan.arrant@chk.co	om I	PHONE: (405)935-3782
APPROVED BY:	THE L	JAK To	Xolors	DATE 3/18 09
Conditions of Approval (if any):	yii) E/-	i (ii ku	nacesp	DATE THOU