Samit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103		
District I	Energy, Minerals and Natural Resources		May 27, 2004		
1625 N. French Dr., Hobbs, NM 88240 District II			LL API NO. 30-025-36578		
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION		Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE X FEE		
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		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.)			7. Lease Name or Unit Agreement Name New Mexico G State		
1. Type of Well: Oil Well X Gas Well Other			8. Well Number 37		
2. Name of Operator Chesapeake Operating, Inc.			9. OGRID Number 147179		
3. Address of Operator P. O. Box 11050 Midland, TX 79702-8050			10. Pool name or Wildcat  Eumont Yates 7 Rivers Queen (Oil)		
4. Well Location			(2)		
Unit Letter O :	feet from the South	line and1650	feet from the East	line	
Section 23 Township 21S Range 36E NMPM CountyLea					
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
Pit or Below-grade Tank Application   O	or Closure X	imot	1000 +	_	
Pit type Dag Depth to Groundwater 100 Sistance from nearest fresh water well 100 Distance from nearest surface water 100 The Distance from nearest surface					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF IN PERFORM REMEDIAL WORK  TEMPORARILY ABANDON  PULL OR ALTER CASING	ITENTION TO: PLUG AND ABANDON  CHANGE PLANS  MULTIPLE COMPL	SUBSECT REMEDIAL WORK COMMENCE DRILLING CASING/CEMENT JOE	<del></del>	ING 🗆	
OTHER:Close existing pit	IX	OTHER:			
13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.					
-	ermission to close the pit for this wel	l. We will follow the N	MOCD Guidelines B36.		
IV. A.B. 11/2	00 4				
= V. A.B.			412121		
			99 1011121314 99 1011121314	6/6/1/3 1920	
			100 Sec. 2000	27/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.					
SIGNATURE DIAME	i Coffina TITLE Reg	gulatory Analyst	DATE 06/16/20	05	
Type or print name Brenda Coffma For State Use Only		dress:bcoffman@chkene			
APPROVED BY: Conditions of Approval (if any):	William TITLE	PERVISOR/GENERAL A	MANAGER DATE JU	L 0 6 2005	