Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103	
<u>District I</u>	Energy, Minerals an	id Natural R	esources	WELL API NO.	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II	ort goviernati	TION DI	TOTON	WELL AFTNO.	30-015-21520
1301 W. Grand Ave., Artesia, NM 88210 District III		OIL CONSERVATION DIVISION			of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505				X FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe,	COCTO IMINI		6. State Oil & G	as Lease No.
87505					
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPL! PROPOSALS.)		N OR PLUG BA		Jake State	or Unit Agreement Name
1. Type of Well: Oil Well	Gas Well X Other			8. Well Number	
	Operating, Inc.		CEIVED	9. OGRID Num	147179
3. Address of Operator P. O. Bo	x 11050	JAN	2 4 2005		
<u> </u>	1X /9/02-8030	<u>unio</u>	MATERIA	S/W Black Riv	er Morrow
4. Well Location Unit Letter E	1650 feet from the	North	line and 660	) feet fr	om the West line
Section 36				<del></del>	
Section 30					County Datey
<b>对于,其实是</b>	3358 GR				
Pit or Below-grade Tank Application	<del></del>		1000		1000
	•				rface water 1000+
Pit Liner Thickness: 12 mi	Below-Grade Tank: Volu	me 12139	bbls; Co	onstruction Material	
12. Check	Appropriate Box to Ind	icate Natur	e of Notice,	Report or Othe	er Data
NOTICE OF I	NTENTION TO:		SUB	SEQUENT R	EPORT OF:
PERFORM REMEDIAL WORK	JAN 2 4 7005   JO. Pool name or Wildcat   S/W Black River Morrow				
	•	-			P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CA	SING/CEMEN	T JOB	
OTHER:Close Pit		IXI OT	HER:		П
13. Describe proposed or com of starting any proposed v					
or recompletion.			n to an	1' "0 1	
Chesapeake plans to close the dril	ling pit for this well according	ng to current.	NMOCD guide	elines #3A	
			•	`	
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				•	
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	•				
		,			
			*		
I hereby certify that the informatio	n above is true and complete or closed according to NMOCD g	e to the best o	f my knowledg general permit [	ge and belief. I fun or an (attached) alto	rther certify that any pit or below- ernative OCD-approved plan .
SIGNATURE BULLONG	Coffmo 1	TITLE Regula	tory Analyst		DATE 01/19/2005
Type or print name Brenda Coffm For State Use Only	an OOO	E-mail addres	ss:bcoffman@c	chkenergy.com	Telephone No. (432)687-299
ADDROVED DV.		PITY P	Juli	y pero l	
APPROVED BY:  Conditions of Approval (if any):		TITLE			DAIFER 9 7