Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District [Energy, Minerals and Natu	ral Resources	WELL API NO.	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONCEDUATION	DIMIGION	30-025-084	142
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE X FEE	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa 1 c, 141vi o	, 303	o. State Off & Gas	Lease 140.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or	Unit Agreement Name
(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.)			Thagard "A" State	
1. Type of Well: Oil Well Gas Well X Other				
2. Name of Operator Chesapeake Operating, Inc.			9. OGRID Number 147179	
3. Address of Operator			10. Pool name or Wildcat	
	idland, Texas 79702-	8050 ——————	Atoka	
4. Well Location Unit Letter A:	660 feet from the North	line and 60	60feet from	the <u>East</u> line
Section 28 Township 12 S Range 34 E NMPM County Lea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
Pit or Below-grade Tank Application 🗌 o	4169 or Closure			The state of the s
Pit typeDepth to Groundw	raterDistance from nearest fresh v	vater well Dist	ance from nearest surfa	ce water
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material				
12. Check	Appropriate Box to Indicate N	lature of Notice,	Report or Other I	Data
NOTICE OF IN	ITENTION TO:	SUB	SEQUENT REF	PORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING				
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	T JOB 📙	
OTHER:	&X	OTHER:		
	oleted operations. (Clearly state all ork). SEE RULE 1103. For Multip			
Dlongo outend manual	h h = 3			
Please extend permit to drill for 1 (one) year. (RE-ENTRY)				
(RE-ENIRI)				
				4.
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	C		1/	11 000
	2)	poires	NOV.	24,2005
Yhanka ee ee ee ee	`	•		
I hereby certify that the information grade tank has been will be constructed or	above is true and complete to the b	est of my knowledg	e and belief. I further	r certify that any pit or below-
	(()(),,,,			OCD approved plan
SIGNATURE 1 10 MAN	TITLE	Regulatory /	Analyst	DATE 10/28/2004
Type or print name Brenda Co For State Use Only	offman E-mail ac	idress bcoffmane	chkenergy.com	ephone No.(432)685-4310
APPROVED BY:	Thank TITLE		LINGINEER	DATE
Conditions of Approval (if any):	IIILE_			
				NOV 0 1 2004