Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 May 27, 2004	
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO	
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION			5. Indicate Ty	1
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	1220 South St. Francis Dr. Santa Fe, NM 87505			STATE 6. State Oil &	
1220 S. St. Francis Dr., Santa Fe, NM 87505				o. State Off &	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 R E Cole	
1. Type of Well: Oil Well X Gas Well Other				8. Well Number 4	
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 Penrose Skelly; Grayburg	
4. Well Location					
Unit Letter N : 460 feet from the South line and 2310 feet from the West line Section 16 Township 22S Range 37E NMPM CountyLea					
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
Pit or Below-grade Tank Application ☐ o	3375 GR	11-91-1	-	- 100 to	
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water					
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material					
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		SUBS REMEDIAL WORK COMMENCE DRII CASING/CEMENT	K	REPORT OF: ALTERING CASING P AND A
OTHER:			OTHER:Bradenhe	ad test	[X]
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.					
3/31/06. Dug out and put new riser on. Did not have any pressure on this well.					
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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 JONES	Cilllia	TITLE Reg	ulatory Assistant		DATE 05/05/2006
Type or print name Shay Stricklin For State Use Only	1,1	E-mail add	lress:sstricklin@ch	kenergy.com	Telephone MAY 433)88720062
APPROVED BY: Conditions of Approval (if any)	U. Wank	TITLE IELD R EFR	ESENTATIVE II/ST	AFF MANAGE	DATE