

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. <u>30-025-31063</u>	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Billy State 15	
8. Well Number 001	
9. OGRID Number 147179	
10. Pool name or Wildcat Lovington Upr Penn, NE	

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.)

1. Type of Well:
Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
Chesapeake Operating, Inc.

3. Address of Operator
P.O. Box 18496, Oklahoma City, OK 73154-0496

4. Well Location
Unit Letter E : 1992 feet from the North line and 817 feet from the West line
Section 15 Township 16S Range 37E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GL: 3798'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

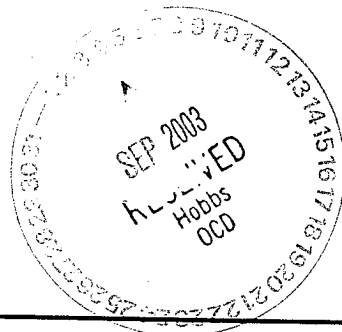
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐

OTHER: Clarify correct well location ☒

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.

This is to advise that the correct location of the above well is as follows:
1992' FNL & 817' FWL

The well was resurveyed when we permitted the re-entry. The previous operator's information was incorrect, & our permit & new plat corrected the discrepancy.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Barbara J. Bale TITLE Regulatory Analyst DATE 09/02/03

Type or print name Barbara J. Bale E-mail address: _____ Telephone No. (405) 848-8000
(This space for State use)

APPROVED BY [Signature] TITLE PETROLEUM ENGINEER DATE SEP 09 2003
Conditions of approval, if any: _____