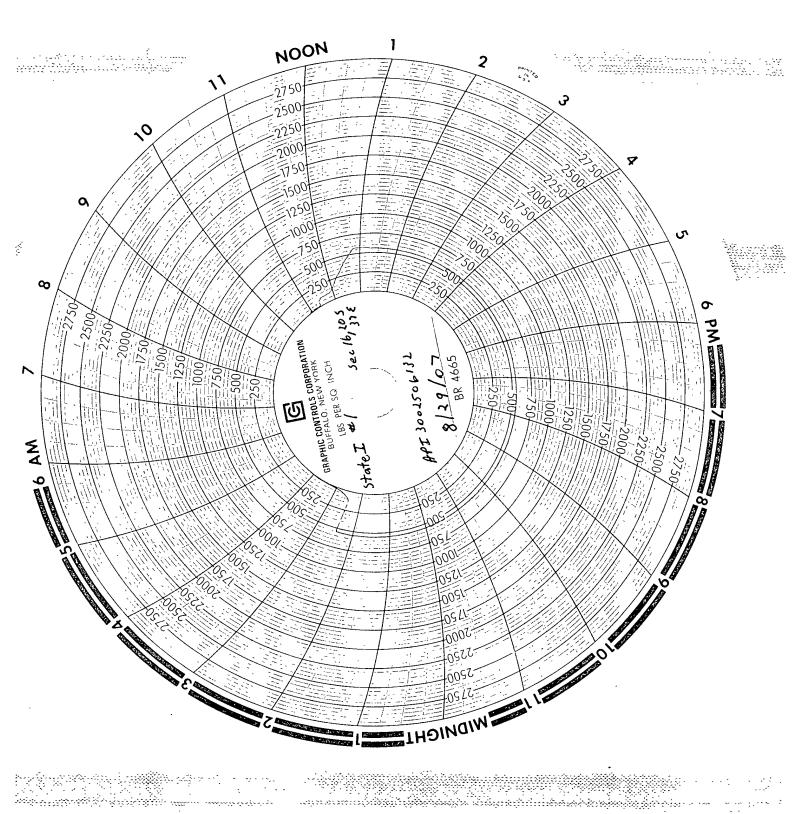
Submit 3 Copies To Appropriate District Office	State of New Energy, Minerals and N		Form C-103 Revised June 10, 2003			
<u>District</u> I 1625 N French Dr., Hobbs, NM 88240	Energy, Minierals and N	WELL API NO. 30-025-06132				
District II 1301 W Grand Ave, Artesia, NM 88210	OIL CONSERVATION	5. Indicate Type of Lease				
District III 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.			STATE X FEE		
District IV 1220 S St. Francis Dr., Santa Fe, NM 87505  Santa Fe, NM 87505			6. 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			7. Lease Name or Unit Agreement Name State I			
PROPOSALS) □ Type of Well: Oil Well   X   Gas Well   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8. Well Number					
2. Name of Operator	9. OGRID Number					
Chesapeake Operating, Inc.			147179			
<ol> <li>Address of Operator 2010 Ran Midland,</li> </ol>	10. Pool name or Wildcat Eunice Monument; Grayburg San Andres					
4 Well Location			- I			
Unit Letter N	feet from the South	h line and	1650 feet	t from the West	line	
Section 16	Township 20S	Range 37E	NMPM	County Lea		
	11. Elevation (Show whether	DR, RKB, RT, GR, e	tc.)		}	
12. Check	Appropriate Box to Indicate	e Nature of Notice	Report or Otl	her Data		
NOTICE OF IN	SSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🗌	REMEDIAL WOI	RK 🗆	ALTERING CASIN	G 🗌	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A CEMENT JOB	ND [	]		
OTHER:		OTHER: MIT	-TH		X	
		Itiple Completions: A	attach wellbore di apeake has plans	agram of proposed con to evaluate the wellbore	npletion e for	
Your consideration of our request				er 500 psi. for 30 minu 12829		
This Approval of Tempo Abandonment Expires	orary 8/29/12			26/81	11101	
1.00	ه در مینید در مینید مینید در مینامانیدید	• .		19181A	15/6/	
				per wonde	i loffm	
I hereby certify that the information	above is true and complete to th	e best of my knowledg	ge and helief			
SIGNATURE Mustie	2	Prod an	-	DATE08/31/20		
Type or print name Christie E	Schala) F-mai	il address: cbcous	nZa chum	505-391-1 Telephone No. <b>Y</b> (	46Z	
(This space for State use)	, I / I SCRE	MAINEIGHAN OL	te ivstaff ha	Telephone No. X6:	) () 5 <b>20</b> 1	
APPPROVED BY	<i>W: W.MR</i> TITLE			DATE		



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