

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-35146
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Midway 23
8. Well No. 1
9. Pool name or Wildcat Humble City Strawn, SW

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry
2. Name of Operator Chesapeake Operating, Inc.
3. Address of Operator P. O. Box 18496, Okla. City, OK 73154-0496
4. Well Location Unit Letter <u>J</u> : <u>1810</u> Feet From The <u>South</u> Line and <u>1720</u> Feet From The <u>East</u> Line Section <u>23</u> Township <u>17S</u> Range <u>37E</u> NMPM <u>Lea</u> County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR: 3718'

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Release drilling rig</u> <input checked="" type="checkbox"/>	

12. 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.

10/01/00 RD WL, PU 17 jts tbg, TIH, circ, set 1st plug @11,760-11,655', pump 20 BW, 30 sx Cl. H, 3.6 BBLS slurry, displace w/4 BW, 157 bbls mud, LD 54 jts DP, set 2nd plug @ 10,141'-9936', pump 10 BW, 30 sx Cl. H, 6.3 bbls slurry, displace w/4 BW, 134 bbls mud, LD 81 jts DP, set 3rd Plug @ 7451-7346', pump 10 BW, 30 sx Cl. H, 6.3 bbls slurry, displace w/4 BW, 97 bbls mud, LD 81 jts DP, 4th plug @4735-4582', pump 10 BW, 50 sx Cl. H, 11.8 bbls slurry, displace w/4 BW, 60bbls mud, WOC, POOH 14 stds, TIH w/DCs, LD Same, WOC, prepare to set 3 remaining plugs from 2220 to 511'.

10/02/00 WOC, tag cmt @4505', LD 81 jts DP, set 5th plug @ 2220-2108', pump 10 BW, 35 sx Cl. C, 8 bbls slurry, displace w/2 BW & 24.5 bbls mud, LD DP, set 6th plug @ 511-410', pump 10 BW, 35 sx Cl. C & 8.2 bbls slurry, displace w/2 BW & 3 bbls mud, WOC, tag cmt @406', LD tbg, set 7th plug 60' - surface, pump 20 BW, 10 sx Cl. C & 2 bbls slurry, ND BOPs, clean mud tanks, cut 9-5/8" csg off 3' below ground level, cap off w/metal plate, well P&A'd, release Patterson Drlg rig #48 @ 8:00 p.m.

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 10/18/00

TYPE OR PRINT NAME Barbara J. Bale TELEPHONE NO. (405) 848-8000

(This space for State Use)

APPROVED BY Billy E. Prubert TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Handwritten initials: JC, B, DP

