Office	State of New Mexico Minerals and Natural Resources	Form C-103 October 13, 2009
1625 N French Dr., Hobbs, NM 88240		WELL API NO. 30-015-39327
1501 W. Grand Ave., Artesia, IVW 66210		
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		5. Indicate Type of Lease STATE X FEE
<u>District IV</u> 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 PROPOSALS.)		7. Lease Name or Unit Agreement Name COOKSEY 36 STATE COM
1. Type of Well: Oil Well X Gas Well Other		8. Well Number 1H V
2. Name of Operator Chesapeake Operating, Inc.		9. OGRID Number 147179 ~
3. Address of Operator P.O. Box 18496 Oklahoma City, OK 73154		10. Pool name or Wildcat DELWARE; BONE SPRING
4. Well Location		
Unit Letter P: 330' feet from the South line and 330' feet from the East line		
Section 36 Township 25 S Range 27 E NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3082' GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
PULL OR ALTER CASING MULTIPLE COMMINGLE DOWNHOLE COMMINGLE	OMPL CASING/CEMEN	I JOB
DOWNTIOLE GOIMMINGLE		
OTHER:		drilling operations
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
On 10/03/2011 @ 1500 hours, drove spudder to location. Remove welded metal cap on conductor and drill 20'.		
Total depth of well is now 60'.		
Secure metal cap back on conductor, and move off.		
RECEIVED		
1 A.E. (1111 1		
		PTESIA
		NMOCD ARTESIA
		
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true an	d complete to the best of my knowledge	e and belief
	- compress to the otter or my memory	
SIGNATURE Deg Amo	TITLE Sr. Regulatory Compl. Sp.	DATE 10/03/2011
Type or print name Bryan Arrant For State Use Only	E-mail address: bryan.arrant@ch	
APPROVED BY: / Majand	title_6806gist	OCT 13 2011
Conditions of Approval (if any):	J	

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