Diffice Discourse Mississis	f New Mexico	Form C-103 May 27, 2004
1625 N French Dr , Hobbs, NM 88240	s and Natural Resources	WELL API NO. 30-015-35114
1301 W Grand Ave., Artesia, NM 88210 OIL CONSER	District III 1220 South St. Francis Dr.	
1000 Pro Brazos Rd. Aztec. NM 87410		
District IV 1220 S St Francis Dr, Santa Fe, NM 87505	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 Hayhurst 16 State
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other		8. Well Number 1
Name of Operator Chesapeake Operating Inc.	0 4 2007	9. OGRID Number 147179
3. Address of Operator 2010 Rankin Hwy Midland, TX 79701	NOV 21 2007 OCD-ARTESIA	10. Pool name or Wildcat Wildcat; Bone Spring
4. Well Location	OCD-ARTLON	wildcat; Bone Spring
Unit Letter P: 660 feet from the SOUTH line and 660 feet from the EAST line		
Section 16 Township 2	5S Range 27E	NMPM CountyEddy
3134 GR		
Pit or Below-grade Tank Application or Closure 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 INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON 🔲 CHANGE PLANS	☐ COMMENCE DR	
PULL OR ALTER CASING	CASING/CEMEN	T JOB
OTHER:	OTHER:	
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.		
9/13/07. RIH, CIBP set @ 10150 w/35' cmt on plug. RIH, perforate Wolfcamp Shale 9506-9767 @ 6 spf, 48 holes. 9/18/07. Frac Wolfcamp Shale w/5000 gals 15% Ne-Fe acid, flush w/143 bbls 30# linear gel.		
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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 X, a general permit or an (attached) alternative OCD-approved plan.		
SIGNATURE SIGNATURE SIGNATURE	•	
Type or print name Shay Stricklin	TITLE Regulatory Tech.	DATE 11/15/2007
type of print name snay suicking		
For State Use Only	E-mail address:sstricklin@cl	
71 1		