

Submit 3 Copies To Appropriate District Office
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 March 25, 1999

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

WELL API NO. 30-025-34086
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: Kyte
8. Well No. 006
9. Pool name or Wildcat Warren; Yates, East

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 I : 2310 feet from the South line and 990 feet from the East line

Section 23 Township 20S Range 38E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR: 3568'

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

NOTICE OF INTENTION TO:

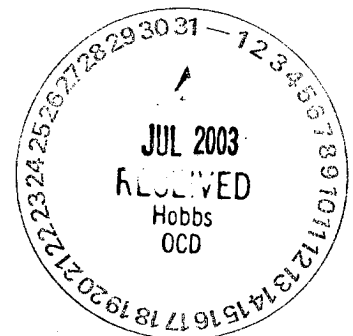
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Chesapeake Operating, Inc. intends to set a CIBP @3050', load the hole & pressure test. We will submit for T.A. status for possible future use as a SWD.



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

SIGNATURE Barbara J. Bale for Andrew McCalmont TITLE Regulatory Analyst

Type or print name Barbara J. Bale

This space for State use)

APPROVED BY Larry W. Wink
Conditions of approval, if any

OC FIELD REPRESENTATIVE II/STAFF MANAGER
OC FIELD REPRESENTATIVE II/STAFF MANAGER

Telephone No. (405) 848-8000

DATE AUG 04 2003