Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resource	Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II	3 ,	WELL API NO. 30-025-35596
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE X
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505	ICES AND REPORTS ON WELLS	7. Long Name of Unit Assessment Name
(DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS ISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	
1. Type of Well: Oil Well X Gas Well Other		8. Well Number 3
Name of Operator Chesapeake Operating Inc.		9. OGRID Number 147179
3. Address of Operator P. O. Box	x 11050 TX 79702-8050	10. Pool name or Wildcat Penn Shoe Bart Strawn, North East
4. Well Location		
Unit Letter D :		
Section 13	Township 16S Range 35E 11. Elevation (Show whether DR, RKB)	NMPM CountyLea
	3969 GL	
Pit or Below-grade Tank Application Denth to Crowndy	or ClosureDistance from nearest fresh water well	Distance
Pit type Depth to Groundw Pit Liner Thickness: mil		Distance from nearest surface water
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON	= 1	WORK ☐ ALTERING CASING ☐ ☐ E DRILLING OPNS.☐ P AND A ☐
	MULTIPLE COMPL CASING/CE	
OTHER:	☐ OTHER:Per	f/Acid [X]
13. Describe proposed or comp of starting any proposed we or recompletion.	oleted operations. (Clearly state all pertinent detail	ls, and give pertinent dates, including estimated date is: Attach wellbore diagram of proposed completion
10-22-03 Perf Strawn @ 11,067 - 7	70 and 11408 - 420' w/4 spf.	
10-23-03 Acidize perfs w/500 gals	s. acid	
10/24/03 Treated w/2800 gal fluid 02/18/04 Pumped 5000 gals 20%		232425262>
Swab.	5-1-2- 8-1 marin 1 mari 10 0 mm peril	A STATE OF THE STA
I hereby certify that the information grade tank has been/will be constructed or	above is true and complete to the best of my know closed according to NMOCD guidelines , a general period.	wledge and belief. I further certify that any pit or below- mit or an (attached) alternative OCD-approved plan .
SIGNATURE WILLIAM	TITLE Regulatory Analy	ost DATE 02/17/2006
Type or print name Brenda Coffma For State Use Only	n E-mail address:bcoffma	an@chkenergy.com Telephone No. (432)687-2992
APPROVED BY:	TITLE	JUL 2 1 2006 EUM ENGINEER DATE

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