Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals a	nd Natural Resources	May 27, 2004 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERV.	ATION DIVISION	30-015-32320
District III 1000 Rio Brazos Rd., Aztec, NM 87410		St. Francis Dr.	5. Indicate Type of Lease STATE FEE
District IV	Santa Fe,	, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)		EN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Clyde
1. Type of Well: Oil Well	Gas Well X Other	RECEIVED	8. Well Number 001
2. Name of Operator Chesapeake	Operating, Inc.	JAN 2 4 2005	9. OGRID Number 147179
3. Address of Operator P.O. Bo		OGUEARIESIA	10. Pool name or Wildcat
Midland	TX 79702-8050		Undesignated:Delaware
4. Well Location Unit Letter P: 660 feet from the South line and 990 feet from the East line			
Section 22	Township 23S		NMPM CountyEddy
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3286 GR Pit or Below-grade Tank Application □ or Closure ☒			
Pit type Drilling Depth to Groundwater 100+ Distance from nearest fresh water well 1000+ Distance from nearest surface water 1000+			
Pit Liner Thickness: 12 mil Below-Grade Tank: Volume 12139 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			
TEMPORARILY ABANDON			RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEI	AL JOB
OTHER:Close Pit	mlated analysis (Clarely	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.			
Chesapeake plans to close the drilling pit for this well according to current NMOCD guidelines #3A			
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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	affra	TITLE Regulatory Analyst	DATE 01/19/2005
Type or print name Brenda Coffn	nan	E-mail address:bcoffman@	chkenergy.com Telephone No. (432)687-299
For State Use Only	$\sim \sim$		4 0005
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APPROVED BY:____Conditions of Approval (if any):