Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	Energy, vimorais and reducti Resources		WELL API NO. 30-015-32852
District II 1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			
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 Anadarko Federal
1. Type of Well: Oil Well	Gas Well X Other		8. Well Number 2
2. Name of Operator Chesapeake	Operating, Inc.	RECEIVED	9. OGRID Number 147179
3. Address of Operator P. O. Box Midland,	x 11050 TX 79702-8050	JUL 0 8 7005 OCD-ANTRON	10. Pool name or Wildcat Shugart
4. Well Location			
Unit Letter M: 660 feet from the South line and 660 feet from the West line			
Section 4		Range 31E	NMPM CountyEddy
	11. Elevation (Show whether D	PR, KKB, KT, GR, etc.)	
Pit or Below-grade Tank Application or Closure			
Pit type Drilling Depth to Groundwater 155 Distance from nearest fresh water well 3 miles Distance from nearest surface water Nome			
Pit Liner Thickness: 12 mil	Below-Grade Tank: Volume	12,129 bbls; Co	nstruction 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 WOR	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	JOB
OTHER:Close existing pit	X	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, respectfully request permission to close the pit for this well. We will follow the NMOCD Guidelines B3b.			
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		4.4.	
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 , a general permit or an (attached) alternative OCD-approved plan.			
SIGNATURE SALMO	Offm TITLER	egulatory Analyst	DATE <u>07/0-6/2005</u>
Type or print name Brenda Coffmax For State Use Only	E-mail:	address:bcoffman@ch	kenergy.com Telephone No. (432)687-2992
1/6/		Field Superviso	or JUL 12 2005
APPROVED BY: Conditions of Approval (if any):	TITLE	1	DATE DATE