Office	State of New I				n C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and N	atural Resources	WELL API N		y 27, 2004
District II ON CONCEDIA TION DIVIGION			30-015-26749		
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	razos Rd., Aztec, NM 87410 Santa Fe, NM 87505		STATE FEE X 6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM			6. State Off &	X Gas Lease No.	
87505	ES AND DEDODES ON WEI	10	7 Logga Nor	no or Unit Agraaman	t Nama
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 Pardue Farms		
1. Type of Well: Oil Well X Gas Well Other			8. Well Number 4		
2. Name of Operator Chesapeake Operating Inc.			9. OGRID Number 147179		
3. Address of Operator P.O. Box 11050			10. Pool name or Wildcat		
Midland, TX 79702-8050			Loving; Brushy Canyon, East		
4. Well Location	60		•		
Unit Letter A : 6				t from the East	line
Section 10	Township 23S 11. Elevation (Show whether In the Company of the Co	Range 28E	NMPM	CountyEddy	
The state of the s	2998 GR	DR, RRD, RI, GR, elc.,			
Pit or Below-grade Tank Application or			Lies	(3)	19902-1993
Pit typeDepth to Groundwate	erDistance from nearest free	sh water well Dist	tance from neares	t surface water	
Pit Liner Thickness: mil	Below-Grade Tank: Volume	bbls; Co	onstruction Mater	ial	
12. Check A ₁	ppropriate Box to Indicate	Nature of Notice,	Report or Ot	ther Data	
•	•		-		
NOTICE OF INTENTION TO: SUBS				REPORT OF: ALTERING CASE	SING []
_	CHANGE PLANS	COMMENCE DRI	-		
	MULTIPLE COMPL	CASING/CEMEN		3	_
OTHER TA	NZI	OTUED.			
OTHER:TA 13. Describe proposed or comple	ted operations (Clearly state a	OTHER:	d give pertinen	t dates, including esti	mated date.
	k). SEE RULE 1103. For Mu				
Chesapeake, respectfully, request per conversion to SWD. We will pull tub pressure test/chart the well to 300# for	oing and packer, set a CIBP @	5775' w/1 sx cmt on pl	ug, load the we		
	OCD 24 hrs . prior to any work done.			2 K 6 1 8 9 1077	13 14 15 16 17 18 18-20 TO
I hereby certify that the information al grade tank has been/will be constructed or cl					
SIGNATURE THE SIGNATURE	TITLE	Regulatory Assistant		DATE 10/31/2	006
Type or print name Shay Stricklin	E-mai	l address:sstricklin@ch	nkenergy.com	Telephone No. (43)	2)687-2992
For State Use Only	·	Gerry G		• `	
APPROVED BY: Olived Conditions of Approval (if any):	TITLE	Deputy Field I District II - A	nspector	date_NOV	9 2006