Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103		
District I	Energy, Minerals and Natural Resource		ural Resources	Revised June 10, 2003 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSEDUATION DIVISION			30-015-33504		
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	Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE FEE X 6. State Oil & Gas Lease No.		
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Sultu 1	c , 1 111 0	7505	6. State Off &	a Gas Lease No.	
87505	ICES AND REPORTS C	NI WEI I	2	7 Lease Nam	ne or Unit Agreement Na	
(DO NOT USE THIS FORM FOR PROPOSITION OF THE PROPOSALS.)	SALS TO DRILL OR TO DEE	EPEN OR PL	UG BACK TO A	Teledyne 20	ie of Olit Agreement Na	
1. Type of Well:				8. Well Num	ber 6-	
Oil Well Gas Well X Other			h - Year	4 5		
2. Name of Operator Chesapeake Operating, Inc.			_ 5 2007	9. OGRID Number 147179		
3. Address of Operator 2010 Rankin Hiway Midland, TX 79701				10. Pool name or Wildcat Harroun Ranch; Delaware, NE		
4. Well Location		_		Trairoun Kan	cii, Delaware, NE	
_	1000	041-		2210	P4	
Unit Letter:	1980 feet from the	South	line and	2310 fee	t from the East	_line
Section 20	Township 23	3S R	lange 29E	NMPM	County Eddy	
	11. Elevation (Show v					
	2959 GR	11		D 0		
	Appropriate Box to I	ndicate N				
NOTICE OF IN PERFORM REMEDIAL WORK □	PLUG AND ABANDON	νП	REMEDIAL WOR	SSEQUENT R	CEPORT OF: ALTERING CASING	; []
TERIORAL WORK	I LOG AND ADAMOON	· 🗆	REWEDIAL WOI	dk	AETEMINO CASINO	, 🗀
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS MULTIPLE		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	COMPLETION	Ш	CEMENT JOB	ND _	J	
OTHER:			OTHER: Temp. A	Abandon MIT tes	t	X
13. Describe proposed or compof starting any proposed we or recompletion.Chesapeake, repectfully, request abandoned. the well tested to 500	ork). SEE RULE 1103. that the attached mechan psi and held for 30 min	For Multiplical integrinates.	ole Completions: A	and the well be	agram of proposed comp	pletion
T1 1 (C.d. (d.) C. (d.	1			11.11.0		
I hereby certify that the information	above is true and comple		•			
SIGNATURE JUNGA (ofman	_TITLE_S	Sr. Regulatory Com	p. Specialst	DATE02/01/200)7
Type or print name Brenda Coffmar		E-mail a		chkenergy.com	Telephone No. (432)6	87-2992
(This space for State use)	1		Gerry G	Ŀſyė	FEB 6	2007
APPPROVED BY Conditions of approval, if any:	July	_TITLE	Deputy Field	Inspector	DATE	
Conditions of approval, it ally.	•		CHAIRCE H = /	11950		

