Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103		
District 1 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.		
District II 1301 W. Grand Ave., Artesia, NM 88	OH. GONGERNA TROM DHAIGION		30-015-22452		
District III 1000 Rio Brazos Rd., Aztec, NM 8741	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE X		1
District IV	strict IV Santa Fe, NM 8/303		6. State Oil &		
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA" PROPOSALS.)		LUG BACK TO A	7. Lease Name Pardue Farms	e or Unit Agreemen Gas Com	Name
1. Type of Well: Oil Well Gas Well X Other		nth - Year	8. Well Number 1		
1 2. Name of Operator			9. OGRID Number 147179		
Chesapeake Operating, Inc.  3. Address of Operator P.O. Box 190			10. Pool name or Wildcat		
Hobbs, NM	88241		South Culebr	a Bluff Atoka	
4. Well Location		. 104	20 -		
Unit Letter G : 19	<del></del>			from the East	line
Section 26	Township 23S F	Range 28E R. RKB, RT, GR, etc.)	NMPM	CountyEddy	
professional profe	, ,				
Pit or Below-grade Tank Application or C					
Pit type Depth to Groundwate Pit Liner Thickness: mil	TDistance from nearest fresh Below-Grade Tank: Volume		nstruction Materia		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
-	-		_		
NOTICE OF INT	ENTION TO: PLUG AND ABANDON □	SUB: REMEDIAL WORK		REPORT OF:  ALTERING CAS	ING 🗆
	CHANGE PLANS	COMMENCE DRI			
	MULTIPLE COMPL	CASING/CEMENT			
OTHER:		OTHER:MIT	TA.		[X]
13. Describe proposed or complet		pertinent details, and			nated date
of starting any proposed work or recompletion.	c). SEE RULE 1103. For Multi	ple Completions: At	ach wellbore dia	agram of proposed c	ompletion
Ran MIT for 30 minutes at 570 PSI - '	Test good.				
Original chart attached.	1 401 5004.				
		123	45678		
		031	3970		
Tomporani Abana	Honori Cialmatana d	S Do	930 900		
Temporary Abandoned StatusApproved					
Until	19-08	627	S. A. S.		
		12	NO 14		
		12			
		12555	ر با در این		
		22 23 24 75 76 21 28 29 30 34 30 30 30 30 30 30 30 30 30 30 30 30 30	207		
I haraby cartify that the information of	ove is true and complete to the		707	al aif al 4	A 2 - 1 - 1 - 2 - 2
I hereby certify that the information ab grade tank has been/will be constructed or clo		best of my knowledge			
	osed according to NMOCD guidelines	best of my knowledge			d plan □.
grade tank has been/will be constructed or clo	Osed according to NMOCD guidelines  TITLE P	best of my knowledge  , a general permit  roduction Assistant  address:ebohanan@cl	or an (attached) alt	ernative OCD-approve	d plan □. 007
SIGNATURE With be constructed or close SIGNATURE With both Type or print name Elizabeth Bohanar For State Use Only	TITLE Properties according to NMOCD guidelines  E-mail a	best of my knowledge , a general permit   roduction Assistant  address: ebohanan@cl	or an (attached) alt	DATE 02/16/20 Telephone No. (505)	d plan □. 007
SIGNATURE Clipbel Boda  Type or print name Elizabeth Bohanar	Osed according to NMOCD guidelines  TITLE P	best of my knowledge  , a general permit  roduction Assistant  address:ebohanan@cl	or an (attached) alt  akenergy.com	DATE 02/16/20	d plan □. 007 5)391-1462

