

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised June 10, 2003

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-005-~~63655~~ 63566

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Tolmack State

8. Well Number

6

9. OGRID Number

147179

10. Pool name or Wildcat

Peco Slope; Abo (Gas)

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO  
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" FORM FOR SUCH  
PROPOSALS.)

1. Type of Well:

Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

Chesapeake Operating, Inc.

3. Address of Operator

P. O. Box 18496 Oklahoma City, OK 73154-0496

4. Well Location

Unit Letter L : 1980 feet from the South line and 660 feet from the West line

Section 36 Township 9S Range 25E NMPM Chaves County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

GR: 3649'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: 4-1/2" csg , Rig Release ☒

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.

09/27/03 Run 109 4-1/2" 11.6# J-55 8RD STC csg, set @4570', RD, RU cmt crew, circ, cmt w/250 sx Cl C + additives, plug down, RD cmt crew, ND BOP, set slips, cut off csg, jet pits,

09/27/03 Release Unit Drilling Rig @3:00 p.m.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Barbara J. Bale

TITLE Regulatory Analyst

DATE 10/08/03

Type or print name Barbara J. Bale

E-mail address:

Telephone No. (405) 848-8000

(This space for State use)

APPROVED BY

FOR RECORDS ONLY

Conditions of approval, if any:

DATE

OCT 16 2003