Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 October 13, 2009
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, witherars and Natural Resources		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-22104
District III	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd. Aztec, NM 87410 District IV Santa Fe, NM 87505		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 PERMITI" (FORM C-101) FOR SUCH			7. Lease Name or Unit Agreement Name Old Indian Draw Unit
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other		RECEIVED	8. Well Number 24
2. Name of Operator Chesapeake Operating, Inc.		JUN 2 8 2010	9. OGRID Number 147179
3. Address of Operator P.O. Box 18496		NMOCD ARTESIA	10. Pool name or Wildcat
			Indian Draw; Delaware
4. Well Location			
Unit Letter J: 1650' feet from the South line and 2257' feet from the East line			
Section 7	Township 22		NMPM CountyEddy
The Matter Dr. Art, Ch. City			
308/ GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A DOWNHOLE COMMINGLE CASING/CEMENT JOB CASING/			
OTHER:		□ OTHER:	П
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
Chesapeake respectfully request to temporarily abandon this well for 5 years or the maximum time allowed. It is Chesapeake's intent to include this well to the Old Indian Draw Water Flood Unit area.			
TO GET PHE MAN WAST PRODUCTION ! BE PULLED AND	Xmum TimE(S DATE.) TUBLING A CIBP SET.	TA state success Contact test so LAST	us may be granted after a ful MIT test is performed. the OCD to schedule the it may be witnessed.
Spud Date:	Rig R	Selease Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
a 1 h			
SIGNATURE TITLE Senior Regulatory Compl. Sp. DATE 06/21/2010			
Type or print name Bryan Arrant For State Use Only	E-ma	til address: bryan.arrant@ch	nk.com PHONE: (405)935-3782
APPROVED BY: Conditions of Approval (if any):	WAE TITL	E COMPLIANUS OF	PACE DATE 6/29/10