		and the second of the second o
Thit 3 Copies To Appropriate District	State of New Mexico	Form C-103
istrict I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	May 27, 2004 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-33504 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE X
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT	S AND REPORTS ON WELLS S TO DRILL OR TO DEEPEN OR PLUG BACK TO A TON FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Teledyne 20
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other		8. Well Number 5
Name of Operator Chesapeake Operator	erating Inc.	9. OGRID Number 147179
3. Address of Operator P.O. Box 110	050 79702-8050	10. Pool name or Wildcat Harroun Ranch; Delaware, NE
4. Well Location		Harroun Kanen, Delaware, NE
Unit Letter J: 198		
Section 20	Township 23S Range 29E 1. Elevation (Show whether DR, RKB, RT, GR, e	NMPM CountyEddy
Pit or Below-grade Tank Application _ or Cl	2959 GR	
Pit typeDepth to Groundwater		Distance from nearest surface water
Pit Liner Thickness: mil	Below-Grade Tank: Volume bbls;	Construction Material
12. Check App	propriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INTE	ENTION TO SI	JBSEQUENT REPORT OF:
	PLUG AND ABANDON REMEDIAL W	
TEMPORARILY ABANDON 🔲 C		DRILLING OPNS.□ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	ENT JOB
OTHER:Renew TA Status		
		and give pertinent dates, including estimated date Attach wellbore diagram of proposed completion
•	nission to maintain this well in a TA status for one	e more year. Chesapeake is currently working
with partners and the landowner to con a period of 30 minutes. We will contact	evert the well to a SWD. We will pressure test the the OCD 24 hours prior to the test.	well to 300# from the CIBP to the surface for
		291011:
		CA MARION STATES
		The state of the s
		3031—1233 10-149/ED 10-149
	Notify OCD 24 hrs . prior to	
	any work done.	1,30
		150292426250
hereby certify that the information abo	ove is true and complete to the best of my knowle	dge and belief I further certify that any nit or below-
rade tank has been/will be constructed or clos	sed according to NMOCD guidelines, a general permit	or an (attached) alternative OCD-approved plan .
IGNATURE MALE	TITLE Regulatory Assistan	DATE 10/31/2006
ype or print name Shay Stricklin	E-mail address: sstricklin@	• • • • • • • • • • • • • • • • • • •
or State Use Only		Guye NOV 9 2006
APPROVED BY: / Sury Ju		Id Inspector - Artesid DATE
onditions of Approval (if any):		