Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resource	Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	Znorgy, minorals and Natural Resource	WELL API NO. 30-015-23939
District II 1301 W Grand Ave , Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE X
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA	ES AND REPORTS ON WELLS ILS TO DRILL OR TO DEEPEN OR PLUG BACK TO A TION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Federal CN Com
1. Type of Well: Oil Well Gas Well X Other NOV 29 2007		8. Well Number 1
Name of Operator Chesapeake Operator		9. OGRID Number 147179
3. Address of Operator 2010 Ranki	n Hwy	10. Pool name or Wildcat
Midland, 1.	₹ 79701	Happy Valley; Morrow
Pit or Below-grade Tank Application or G	Township 22S Range 26E 11. Elevation (Show whether DR, RKB, RT, GR 3368 GR	NMPM CountyEDDY R, etc.)
Pit Liner Thickness: mil	Below-Grade Tank: Volume bbl	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL	E DRILLING OPNS. P AND A
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date		
of starting any proposed work or recompletion.	c). SEE RULE 1103. For Multiple Completion	as: Attach wellbore diagram of proposed completion
Chespeake, respectfully, request permission to TA this well. Procedure and MIT chart will follow.		
7 1 37 1		
APROVAL MUST BE OBTAINED BY THE BLM.		
I hereby certify that the information algrade tank has been/will be constructed or cl	ove is true and complete to the best of my known osed according to NMOCD guidelines [X], a general per	wledge and belief. I further certify that any pit or below- mit or an (attached) alternative OCD-approved plan .
SIGNATURE	TITLE Regulatory Tech	DATE 11/28/2007
Type or print name Shay Stricklin For State Use Only	E-mail address:sstrickl	<u> </u>
	E-man address, someki	1 elephone No. (432)087-2372