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	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION	WELL API NO. 30-015-23696
District III  1000 Rio Brazos Rd., Aztec, NM 87410  District IV  1220 S. St Francis Dr, Santa Fe, NM 87505	1220 South St. Francis Dr. Santa Fe, NM 87505	5. Indicate Type of Lease  STATE X FEE  6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PROPOSAL	S AND REPORTS ON WELLS S TO DRILL OR TO DEEPEN OR PLUG BACK TO A ION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name MALAGA C
1. Type of Well: Oil Well X Ga	s Well Other	8. Well Number 1
2. Name of Operator Chesapeake Ope	rating Inc. DEC 13 2007	9. OGRID Number 147179
3. Address of Operator 2010 Rankin Midland, TX	Hwy OCD-A FSIA	10. Pool name or Wildcat CULEBRA BLUFF; ATOKA, SOUTH
4. Well Location		COLLEGRA BEOTT, ATOKA, SOUTH
Unit Letter E: 1980 feet from the NORTH line and 660 feet from the WEST line		
Section 36	Township 23S Range 28E	NMPM CountyEDDY
	1. Elevation (Show whether DR, RKB, RT, GR, e	etc.)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2990 GR  Pit or Below-grade Tank Application or Closure		
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water		
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING		
TEMPORARILY ABANDON		
PULL OR ALTER CASING	IULTIPLE COMPL   CASING/CEMI	ENT JOB $\square$
OTHER:  OTHER:TA  In the state of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion		
or recompletion.		
Chesapeake, respectfully, request extension of TA status of this well. Ran test for 30 mins @ 520 psi-good. Chart attached. Well is TA.		
FINAL T/A EXTENSION / /		
Date of Last Production 5//2000		
Well must be returned to beneficial use or a P/A plan submitted prior to		
	_6//8/	2008
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines \( \mathbb{N} \), a general permit \( \mathbb{O} \) or an (attached) alternative OCD-approved plan \( \mathbb{O} \).		
SIGNATURE	TITLE Regulatory Tech.	DATE 12/12/2007
Type or print name Shay Stricklin  For State Use Only	E-mail address:sstricklin@	©chkenergy.com Telephone No. (432)687-2992
APPROVED BY: Zutheo Wa Conditions of Approval (if any):	TITLE COMPLIANCE	OFFICER DATE 12/18/2007

