			AUG - 4 ZUUD
Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u>	Energy, Minerals and Natural Reson	urces	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-015-36657
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 X FEE
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			:
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS ISALS TO DRILL OR TO DEEPEN OR PLUG BACK TO CATION FOR PERMIT" (FORM C-101) FOR SUCH	го а	7. Lease Name or Unit Agreement Name PLU Pierce Canyon 32 State
1. Type of Well: Oil Well X	of Well: Oil Well X Gas Well C Other		8. Well Number 1H
2. Name of Operator Chesapeake	Operating, Inc.		9. OGRID Number 147179
3. Address of Operator P.O. Box 18496			10. Pool name or Wildcat
Oklahoma City, OK 73154-0496			WC; Bone Spring
4. Well Location			
		e and 350'	feet from the Eastline
Section 32	Township 24 S Range 30 I		NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT 3259' GR	r, GR, etc)	
	CHANGE PLANS COMME	SUBS DIAL WORK	EQUENT REPORT OF: ALTERING CASING LING OPNS. P AND A
OTHER:			ll Potential/Return to production
 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. This well was returned to production on 7/30/09. Line plant was shut down. Please find the following regulatory information: NMOCD's C-104 & C-105 Amended Regulatory Reports. 			
Please note that Chesapeake Operating, Inc. request that the OCD hold confidential the completion reports & electric logs (previoulsy submitted) for the maximum period of time allowed.			
Spud Date:	Rig Release Date:		
- Par Saio.	Tag Release Date.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			

TITLE Senior Regulatory Compl. Sp.

E-mail address: bryan.arrant@chk.com

Type or print name Bryan Arrant

APPROVED BY: (1f any):

For State Use Only

DATE <u>07/31/2009</u>

PHONE: <u>(405)935-3782</u>