 Submit 3 Copies To Appropriate District Office 	State of New Mexico				Form C-103
District I	Energy, Minerals and Natural Resources			WELL API NO.	Revised June 10, 2003
1625 N. French Dr., Hobbs, NM 88240 District II	OH CONGERNATION DIVISION			30-025-36685	
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505			STATE FEE X 6. State Oil & Gas Lease No.	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		, 1 11.1 0	, 0 00	o. State on & d	as Lease Ivo.
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 PERMIT" (FORM C-101) FOR SUCH				7. Lease Name or Unit Agreement Name Tres Papalotes 4	
PROPOSALS.) 1. Type of Well: Oil Well [X] Gas Well [Other				8. Well Number	
2. Name of Operator Chesapeake Operating Inc.				9. OGRID Number 147179	
3. Address of Operator P. O. Box 11050 Midland, Texas 79702-8050				10. Pool name or Wildcat Tres Papalotes;Penn	
4. Well Location	***************************************			1103 Tupalotes,1	Cili
Unit Letter A :	feet from the	North	line and	990 feet fr	om the East line
Section 4	Township 15S	R	ange 34E	NMPM	County Lea
Section , 1	11. Elevation (Show wh				County 250
10 61 1	4111	1'	CNI	D (01	D .
12. Check A NOTICE OF IN	Appropriate Box to Inc	licate N		, Report or Uther SSEQUENT REI	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	X	COMMENCE DR	ILLING OPNS. 🗌	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AT CEMENT JOB	ND	
OTHER: Change Casing Program		X	OTHER:		
13. Describe proposed or comp of starting any proposed we or recompletion. PROPOSED OPERATION TO C	ork). SEE RULE 1103. Fo	or Multip	ole Completions: A	Attach wellbore diag	tes, including estimated date ram of proposed completion
Chesapeake Operating, Inc. proposition 1200 sx 50/50 Poz instead of		depth of	the intermediate cas	sing from 6,000' to	4450'. We will cement
				/	(6° 200
				(:	HOPPY AED
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				/	
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I hereby certify that the information	above is true and complet	e to the b	est of my knowled	lge and belief.	
SIGNATURE SOM	Coffman.	TITLE_F	Regulatory Analyst		DATE 05/03/2004
Type or print name (This space for State use)	(Offman	E-mail a	ddress: bcoffm	un @ Chkener	rgy, COM Telephone No. 432685 43
	1-61/-		PETEN: -	er i a	
APPPROVED BY Conditions of approval, if any:	1 / say T	TITLE	FINULE	UM ENGINEER	—DATE 1 3 2004