Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised June 10, 2003	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Ellergy, williciais and Natural Resources			WELL API NO. 30-025-25117	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5 Indicate 7	
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Lease STATE X FEE		
District IV Santa Fe, NM 8/303			6. State Oil	& Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
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 Union State	
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, TX 79702-8050				10. Pool name or Wildcat Wildcat; Wolfcamp	
4. Well Location					
Unit Letter K :	feet from the	ne South	line and	1650 fe	et from the West line
Section 3	Township 1	19S R	Range 34E	NMPM	County Lea
Section	11. Elevation (Show 4000' GR				County 200
12. Check A	Appropriate Box to	Indicate N	Nature of Notice	Report or O	ther Data
NOTICE OF IN			1	-	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDO	N 🗆	REMEDIAL WOR	RK [X ALTERING CASING \Box
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS. [☐ PLUG AND ☐ ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AT CEMENT JOB	ND [
OTHER: Temporarily Abandon			OTHER: Tempor	arily Abandon	X
13. 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.					
Ran MIT on this well on 5-27-04.	Pressured to 520 #'s.	Chart attac	hed		01314157672
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This Approval	of Temporary t Expires	ואדבונ	09		48.08.82 Trage
Abandonmen	t Expires	/			
I hereby certify that the information	above is true and comp	lete to the h	est of my knowledg	re and belief	
(\mathcal{A}, \cap)			-	c and bener.	0.5/0.8/18.0.0.4
SIGNATURE WAS	Oppin	TITLE_	Regulatory Analyst	chkenergy.com	DATE 06/02/2004
Type or print name Brenda Coffman		E-mail a		, Januario Egy. Com	Telephone No. (432)685-4373
(This space for State use) APPPROVED BY	21. Jul	TITLE			JUN_0 9 2004
Conditions of approval, if any:			D REPRESENTATI	VE II/STAFF M	ANAC
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