

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  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
March 4, 2004

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.	30-025-36509
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name San Simon 21 State	
8. Well Number 002	
9. OGRID Number 147179	
10. Pool name or Wildcat Osudo;Morrow, South (Gas) 82200	

**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 PROPOSALS.)

1. Type of Well:  
Oil Well ☐ Gas Well ☒ Other

2. Name of Operator  
Chesapeake Operating, Inc.

3. Address of Operator  
P. O. Box 11050  
Midland, TX 79702-8050

4. Well Location  
Unit Letter AE : 1650 feet from the North line and 990 feet from the West line  
Section 21 Township 21S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3641 GR

**Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)**

Pit Location: ULE 21 Sect 21 Twp 21S Rng 35E Pit type Drilling Depth to Groundwater 100 Distance from nearest fresh water well 1000+  
Distance from nearest surface water 1650 feet from the North line and 990 feet from the West line  
Below-grade Tank Location ULE 21 Sect 21 Twp 21S Rng 35E ;

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

Please, consider this our request to change the setting depth of the 1st intermediate casing from 5490' to 5700'. The cementing program will remain the same with 1625 sx cement.

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 ☒ a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Brenda Coffman TITLE Regulatory Analyst DATE 06/24/2004  
Type or print name Brenda Coffman E-mail address: bcoffman@chkenergy.com Telephone No. (432)685-4310

(This space for State use)

APPROVED BY Hugh W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 30 2004  
Conditions of approval, if any: