Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised June 10, 2003	
1625 N. French Dr., Hobbs, NM 88240	Energy, withorais and Natural Resources		WELL API NO	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Ty	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	
District IV	Santa Fe, NM 87505			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 Jordan 12 State	
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well	Other		8. Well Numb	002
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 Mescalero;Cisco,North	
4. Well Location				
Unit Letter D :	feet from the North	h line and	330feet	from the West line
Section 12	Township 10S	Range 32E	NMPM	County Lea
	11. Elevation (Show whether	DR, RKB, RT, GR, et	c.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN			SEQUENT R	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON	CHÄNGE PLANS	COMMENCE DR		ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AT CEMENT JOB	ND 🔯	
OTHER:		OTHER:		
13. Describe proposed or comp of starting any proposed we or recompletion. 6-04-2004 Spud 17 1/2" surface h 6-05-2004 Ran 9 jts. 13 3/8" 48# C + additives. Circ 80 sx to surfa 6-10-2004 In 11" hole ran 77 jts. sx Cl. C Neat. Circ 130 sx cmt to	ork). SEE RULE 1103. For Munole. H-40 csg. set @ 412'. Cmt'd w.ce. WOC 24 hrs. 8 5/8" 32# J-55 LTC scg. set @	oltiple Completions: A 275 sx 35:65 Poz Prer	ttach wellbore dia nium Class G + a	agram of proposed completion dditives, tail in w/100 sx Cl.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE	Offmantitli	Regulatory Analyst	ahlronomer	DATE_06/17/2004
Type or print name Brenda Coffman	E-ma	il address:	chkenergy.com	Telephone No. (432)685-4310
(This space for State use)				
APPPROVED BY House . Conditions of approval, if any:	Vink TITLE	FIELD REPRESENTA	TIVE II/STAFF M	ANASER 2 8 2004