

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

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

Form C-103

March 4, 2004

WELL API NO.

30-025-35976

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
West Teas Yates Seven Rivers Unit

8. Well Number

443

9. OGRID Number

147179

10. Pool name or Wildcat

Teas Yates Seven Rivers West

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 I : 1855 feet from the South line and 660 feet from the East line

Section 4

Township 20S

Range 33E

NMPM

County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3557 GR

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

Pit Location: UL        Sect        Twp        Rng        Pit type        Depth to Groundwater        Distance from nearest fresh water well       

Distance from nearest surface water        Below-grade Tank Location UL        Sect        Twp        Rng        ;

       feet from the        line and        feet from the        line

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Convert to WIW ☐

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.

7-23-04 Tested to 485# per the attached chart.

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 09/03/2004

Type or print name Brenda Coffman

E-mail address: bcoffman@chkenergy.com Telephone No. (432)685-4310

(This space for State use)

APPROVED BY Chris Williams

Conditions of approval, if any:

OC DISTRICT SUPERVISOR/GENERAL MANAGER  
TITLE       

DATE SEP 03 2004

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

Chesapeake Oper. Inc.  
W. Teas  
443

OIL  
Robinson  
OCD

I-4-20-33  
7-23-2004

BR 2221

ALL INFORMATION TEST

