

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
May 27, 2004

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

WELL API NO.	30-025-36751
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Duncan 19	
8. Well Number	002
9. OGRID Number	147179
10. Pool name or Wildcat D-K;Abo	15200

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> 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 <u>B</u> : <u>1050</u> feet from the <u>North</u> line and <u>1650</u> feet from the <u>East</u> line Section <u>19</u> Township <u>20S</u> Range <u>39E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3535 GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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 COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☒ P AND A ☐
CASING/CEMENT JOB ☒

OTHER: ☐

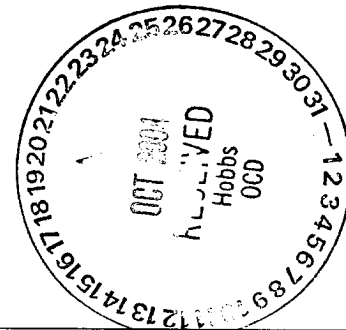
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

9-16-04 Spud 12 1/4" surface hole @ 8:00 a.m. on 9-15-04. RIH w/ 36 jts. 8 5/8" 24# J-55 STC csg set @1,635'. Cmt'd w/725 sx 35:65 Poz + additives, tail in w/120 sx Cl. C + additives. Circ. cmt to ground surface. WOC 24 hrs.

9-18-04 Tested csg. to 1000# - OK.

10-09-04 Ran logs, GR, MSFL, DLL, Caliper and CNL-Spectral GR.

10-10-04 RIH w/179 jts 5 1/2" 17# J55 LTC csg. set @ 7,700', DV tool @ 5,466', Circ. csg. Cmt. 1st stage w/575 sx Cl. C w/50/50 Poz + additives. Circ. 80 sx to pit. 2nd stage, pumped 10 BFW spacer, cmt. w/1,500 sx Cl. C w/50:50 Poz + additive; tail in w/100 sx Cl. C. Release McVay Drilling rig #4 @ 8:00 p.m. on 10/10/04



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 10/18/2004
Type or print name Brenda Coffman E-mail address: bcoffman@ohh.state.nm.us Telephone No. (432)685-4310
For State Use Only

APPROVED BY: Larry W. Wink TITLE _____ DATE OCT 25 2004
Conditions of Approval (if any): _____