01/18/20	:49	FAX	432	687	36
Submit 3 Copies	ro Appro	priate D	istrict		

01/18/20 49 FAX 432 60	37 3675 CHESAPEAKE	MIDLAND	2 002/003			
Submit 3 Copies t'o Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 May 27, 2004			
District I 1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-025-37054			
District II: 1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION		5. Indicate Type of Leasc			
1000 Rio Brazos Rd., Aztec. NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE FEE X 6 State Oil & Gas Lease No.			
District IV 1220 S. St. Francis Dr., Santa Fc, NM 87505	Januare, 100					
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.)	ES AND REPORTS ON WELLS LS TO DRILL OR TO DEEPEN OR PLUG TION FOR PERMIT" (FORM C-101) FOR	BACK TO A SUCH	7. Lease Name or Unit Agreement Name Albacore 25			
	as Well 🔲 Other		8. Well Number 001			
2. Name of Operator Chesapeake O	perating, Inc.		9. OGRID Number 147179			
3. Address of Operator P.O. Box 1			10. Pool name or Wildcat			
Midland, TX 79702-8050		Shoe Bar, North;Strawn				
4. Well Location	110 s s s S-114b	v 12	50 Cost Country West line			
	feet from the South	line and13.				
Section 25 Township 16S Range 35E NMPM CountyLea 11. Elevation (Show whether DR, RKB, RT, GR, etc.)						
Pit or Below grade Tank Application 🛛 or Closure						
Pit type Drilling Depth to Groundwater 65 Distance from nearest fresh water well 1000 Distance from nearest surface water 1000+						
Pit Liner Thickness: 12 mil Below-Grade Tank: Volume 12139 bbls; Construction Material						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTERPRETATION PERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING	PLUG AND ABANDON	REMEDIAL WOR	ILLING OPNS. P AND A			
OTHER:Pit		OTHER:				
13. Describe proposed or comple of starting any proposed wor or recompletion.	eted operations. (Clearly state all perk). SEE RULE 1103. For Multiple	rtinent details, an Completions: At	d give pertinent dates, including estimated date ttach wellbore diagram of proposed completion			
Chesapeake, respectfully, requests the agrees to close the pit according to N	at the attached procedure be approve MOCD guidelines #3.	ed for the drilling	pit for this well. Chesapeake, hereby,			
			₹ 			

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

TITLE Regulatory Analyst

DATE 01/18/2005

Type or print name Brenda Coffman

E-mail address:bcoffman@chkenergy.com

Telephone No. (432)687-2992

For State Use Only APPROVED BY:

JAN 1 BA2005

Conditions of Approval (if any):

