

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.	30-025-21850
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	T P 11 State
8. Well Number	001
9. OGRID Number	147179
10. Pool name or Wildcat	Bagley;Permo Penn, North 3820

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4243

Pit or Below-grade Tank Application ☐ or Closure ☐

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: Change Well Name ☒

SUBSEQUENT REPORT OF:

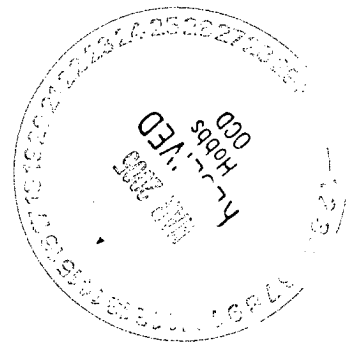
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

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.

Chesapeake, respectfully, request that the well name be changed from T P State #1 to the TP 11 State #1. This change will help us toward having a consistent system in which to name our wells and show the section number as well.

eff. (3-1-05)



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 03/14/2005

Type or print name Brenda Coffman  
For State Use Only

E-mail address bcoffman@chkenergy.com Telephone No. (432) 687-2992  
PETROLEUM ENGINEER

APPROVED BY: [Signature] TITLE \_\_\_\_\_ DATE MAR 15 2005  
Conditions of Approval (if any): \_\_\_\_\_

16				<div>17</div> <div>OPERATOR CERTIFICATION</div> <div>I hereby certify that the information contained herein true and complete to the best of my knowledge and belief.</div> <div>Brenda Coffman</div> <div>Signature</div> <div>Brenda Coffman</div> <div>Printed Name</div> <div>Regulatory Analyst</div> <div>bcoffman@chkenergy.com</div> <div>Title and E-mail Address</div> <div>03/14/2005</div> <div>Date</div>
<div>550'</div> <div>1050'</div>				<div>18</div> <div>SURVEYOR CERTIFICATION</div> <div>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</div> <div>Date of Survey</div> <div>Signature and Seal of Professional Surveyor:</div> <div>Certificate Number</div>