Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave. Artesis, NM 88210	OIL CONSERVATION DIVISION	WELL API NO. 30-025-36577
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	TO DRILL OR TO DEEPEN OR PLUG BACK TO A	New Mexico G State
· · · · · · · · · · · · · · · · · · ·	Well 🗍 Other	8. Well Number 36
2. Name of Operator Chesapeake Oper	ating, Inc.	9. OGRID Number 147179
3. Address of Operator P. O. Box 110	50	10. Pool name or Wildcat
Midland, TX	79702-8050	Eumont; Yates 7 Rivers Queen (Oil
4. Well Location		
Unit Letter <u>G</u> : 1650 feet from the <u>North</u> line and <u>1650</u> feet from the <u>East</u> line		
Section 26	Township 21S Range 36E	NMPM CountyLea
Pit or Below-grade Tank Application X or Clo	1. Elevation (Show whether DR, RKB, RT, GR, et 3556' gr	c.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
· · · · · · · · · · · · · · · · · · ·		RILLING OPNS. P AND A
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 TD on this well be changed from 3,850 to 4,050.		
NOTE: Chesapeake Operating became the Operator of Record effective April 1, 2005.		
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		L'ALL CONTRACTOR
		50 27 17 OT 8-94
I hereby certify that the information above	e is true and complete to the best of my knowled	ge and belief. I further certify that any nit or below-
grade tank has been/will be constructed or close	d according to NMOCD guidelines [2], a general permit [] or an (attached) alternative OCD-approved plan [].
	TITLE Regulatory Analyst	No 1. 1
SIGNATURE	ITILE regulatory Analyst	DATE 07/14/2005
Type or print name Brenda Coffman	E-mail address: bcoffman@	chkenergy com Talankana M. (420)(97 0000
For State Use Only		
		JUL 2 0 2005
APPROVED BY:		
Conditions of Approval (if any):	HEINOLEUWI ENG	

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