HORRS OCD

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Submit One Copy To Appropriate District Office District SEP 2 3 2011 Energy, Minerals and Natural Resources	Form C-103 March 18, 2009
1625 N. French Dr., Hobbs, NM 88240	WELL API NO. 30-025-10288
1301 W. Grand Ave., Artesia, NM RECEIVED OIL CONSERVATION DIVISION District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	STATE FEE X 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
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	7. Lease Name or Unit Agreement Name E W Walden
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injectio	8. Well Number 6
2. Name of Operator / Chesapeake Operating, Inc.	9. OGRIÐ Number 147179
3. Address of Operator p.O. Box 18496 Oklahoma City, OK 73154	10. Pool name or Wildcat Penrose Skelly; Grayburg
4. Well Location	
Unit Letter N : 660' feet from the South line and 1980' feet from the West line Section 15 Township 22S Range 37E NMPM County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3745' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	IT JOB
OTHER:	
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR	
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.	
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.	
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed	
from lease and well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have	
to be removed.) All other environmental concerns have been addressed as per OCD rules.	
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMA0 retrieved flow lines and pipelines.	C. All fluids have been removed from non-
When all work has been completed, return this form to the appropriate District office to schedule an inspection.	
SIGNATURE TITLE Production Assistan	DATE <u>09/21/2011</u>
TYPE OR PRINT NAME Pat Richards E-MAIL: pat.richards@chl	PHONE: (575)391-1462
APPROVED BY: TITLE Smile	MGZ DATE 9-26-20/
Conditions of Approval (if any)	SEP 2 8 2011