

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.

30-025-34670

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

**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 ☐

GAS  
WELL ☐

OTHER New Drilg Well

2. Name of Operator

Chesapeake Operating, Inc.

3. Address of Operator

P. O. Box 18496, Oklahoma City, OK 73154-0496

4. Well Location

Unit Letter J : 2148 Feet From The South Line and 2222 Feet From The East Line

Section 12 Township 16S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

GR: 3965'

11.

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 ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Production Casing ☐

12. 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.

08/15/99 RU csg crew, run 95 jts 9-5/8" 40# J-55 LTC csg, RU Dowell, circ on bottom, begin cement.

08/16/99 Cmt 9-5/8" csg w/1280 sx 35/65 POZ Class C + additives, 12.4 PPG, 2.15 yield, cont. w/307 sx C1 C + additives, 14.8 PPG, 1.33 yield, plug down, circ to pit 100 sx, WOC: 14-1/2 hrs.. Cut off 12-3/8" surf csg & 9-5/8" csg, weld on head, NU BOP & manifold, test blind rams & manifold to 1500#

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Barbara J. Bale*

TITLE

Regulatory Analyst

DATE 08/26/99

TYPE OR PRINT NAME

Barbara J. Bale

TELEPHONE NO. (405) 848-8000

(This space for State Use)

Orig. Signed by  
*Paul Knutz*  
Geologist

APPROVED BY

TITLE

DATE

SEP 07 1999

CONDITIONS OF APPROVAL, IF ANY:

