

1625 N. French Dr., Hobbs, NM 88240

1301 W. Grand Ave., Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

May 27, 2004

WELL API NO.	30-025-35969
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 Leonard State	
8. Well Number	4
9. OGRID Number	147179
10. Pool name or Wildcat Eumont; Yates 7 RVS Qn (Oil)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3529 Gr	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/>	
Pit type <u>Dug</u> Depth to Groundwater <u>100' +/-</u> Distance from nearest fresh water well <u>1000'</u> Distance from nearest surface water <u>1000' +/-</u>	
Pit Liner Thickness: <u>12</u> mil Below-Grade Tank: Volume <u>12139</u> 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: Close existing pit



SUBSEQUENT REPORT OF:

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

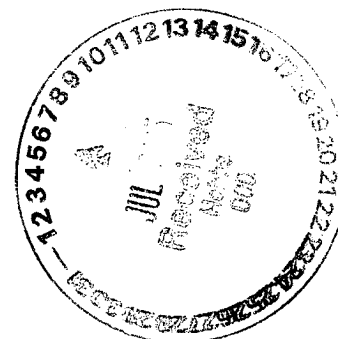
OTHER:



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 permission to close the pit for this well. We will follow the NMOCD Guidelines B38.

IV. A. B. 11/2004



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 06/16/2005

Type or print name Brenda Coffman

For State Use Only

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

OC DISTRICT SUPERVISOR/GENERAL MANAGER

APPROVED BY:

Chris Williams

TITLE

DATE

Conditions of Approval (if any):

JUL 06 2005