Submit 3 Copies To Appropriate District Office * * District I	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-025-36812
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	STATE X FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		3.00.00.00.00.00.00.00.00.00.00.00.00.00
(DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name State 22
1. Type of Well: Oil Well X	Gas Well  Other	8. Well Number 2
2. Name of Operator Chesapeake	Operating, Inc.	9. OGRID Number 147179
	x 11050 TX 79702-8050	10. Pool name or Wildcat Trinity; Wolfcamp
4. Well Location	217 feet from the North line and 24	
Unit Letter C : Section 22	feet from the North line and 241  Township 22S Range 38E	NMPM CountyLea
	11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application	3817 GR or Closure 🔀	
Pit type Dopth to Groundwater 100 Distance from nearest fresh water well 1000 Distance from nearest surface water 100		
Pit Liner Thickness: 12 mil	Below-Grade Tank: Volume 12, 139 bbls; Co	nstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON   REMEDIAL WORK	
TEMPORARILY ABANDON  PULL OR ALTER CASING	CHANGE PLANS COMMENCE DRII  MULTIPLE COMPL CASING/CEMENT	
		30B
OTHER:Close Drilling Pit  13. Describe proposed or comp	OTHER:  oleted 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 drilling pit for this well. We will comply with the NMOCD Guidelines Section B36.		
IV.A. B.	1/2026	
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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 $\Box$ , a general permit $\Box$ or an (attached) alternative OCD-approved plan $\Box$ .		
SIGNATURE Stonda	TITLE Regulatory Analyst	DATE 06/16/2005
Type or print name Brenda Coffman	E-mail address bcoffman@ch	Kenergy.com Telephone No. (432)687-2992
For State Use Only	CHRIS WILLIAMS.	1 , , ,
APPROVED BY: Chrs (	Collising Superv	VISOR/GENERAL MANAGER  DATE  O 0 000000
Conditions of Approval (if any):		DAJUL 0 6 2005