Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	May 27, 2004 WELL API NO.
District II	OIL CONSERVATION DIVISION	30-025-36969
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
(DO NOT USE THIS FORM FOR PROPOS	CES 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 Paloma 30 Federal
	Gas Well X Other	8. Well Number 001
2. Name of Operator Chesapeake (Operating, Inc.	9. OGRID Number 147179
3. Address of Operator P. O. Box	11050	10. Pool name or Wildcat
	TX 79702-8050	Bell Lake;Morrow, Mid
4. Well Location Unit Letter B: 660 feet from the North line and 2100 feet from the East line		
Section 30	Township 23S Range 34E	NMPM CountyLea
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 3582' GR	
3582' GR Pit or Below-grade Tank Application □ or Closure □		
Pit type Drilling Depth to Groundwater 100' Distance from nearest fresh water well 1000+ Distance from nearest surface water 1000+		
Pit Liner Thickness: 12 mil Below-Grade Tank: Volume 12129 bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	PLUG AND ABANDON REMEDIAL WOR CHANGE PLANS COMMENCE DR MULTIPLE COMPL CASING/CEMEN	ILLING OPNS. P AND A
OTHER:Close Drilling Pit	OTHER:	П
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 drilling pit for this well. We will abide by NMOCD Guidelines section B3b.		
		LV. B. 3. b
	المناب المستحدد المست	
		06 29 30 31 - 72
		Ser
		23242526 00.00 2 L 995
		324
	The state of the s	
		64 01 22 91 31 31

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 DICMOG	TITLE Regulatory Analyst	DATE 07/07/2005
Type or print name Brenda Coffman For State Use Only	E-mail address: bcoffman@c	hkenergy.com Telephone No. (432)687-2992
11-1	SHOW CHIEF WILLIAMS OF HISTRICT SUPERVISOR/GE	NERAL MANAGEN
APPROVED BY:	OC HISTRICT SUPERVISOR	DATE