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	WELL API NO. 30-025-37049
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE X
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	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.)	7. Lease Name or Unit Agreement Name DUNCAN 19
1. Type of Well: Oil Well X Gas Well Other	8. Well Number 003
2. Name of Operator Chesapeake Operating Inc.	9. OGRID Number 147179
3. Address of Operator P.O. Box 11050	10. Pool name or Wildcat
Midland, TX 79702-8050	D-K; ABO
4. Well Location Unit Letter G: 1650 feet from the N line and 1650 feet from the E line	
Unit Letter G : 1650 feet from the N line and 1650 feet from the E line Section 19 Township 20S Range 39E NMPM CountyLEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc. 3535 GR	<u> </u>
Pit or Below-grade Tank Application or Closure Pit type Depth to Groundwater Distance from nearest fresh water well Dis	rance from necessary surface water
Pit Liner Thickness: mil Below-Grade Tank: Volume 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 REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	
PULL OR ALTER CASING	
OTHER: OTHER:PIT CLOSED	
13. Describe proposed or completed operations. (Clearly state all pertinent details, an	d 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.	
PIT HAS BEEN CLOSED ACCORDING TO OCD RULE 50 AND IS READY FOR INSPECTION.	
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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 [3], a general permit [1] or an (attached) alternative OCD-approved plan [1].	
SIGNATURE TITLE Production/Regulatory	, , , , , , , , , , , , , , , , , , ,
Type or print name Shay Stricklin	Asst. DATE 11/18/2005
Type or print name Shay Stricklin For State Use Only E-mail address:sstricklin@cl	Asst. DATE 11/18/2005 skenergy.com Telephone No. (432)687-2992
Π	Asst. DATE 11/18/2005 skenergy.com Telephone No. (432)687-2992
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