Office	tate of New Mexico Inerals and Natural Resources	Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-025-37413
	NSERVATION DIVISION	5 Indiana Tana Class
1000 Rio Brazos Rd Aztec NM 87410	South St. Francis Dr.	STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM	anta Fe, NM 87505	6. State Oil & Gas Lease No.
87505		
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 PALOMA 30 FEDERAL
1. Type of Well: Oil Well Gas Well X C	Other	8. Well Number 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 4. Well Location		BELL LAKE; MORROW, MID (GAS)
	rom the S line and 24	20 feet from the E line
Section 30 Township 23S Range 34E NMPM CountyLEA		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3608 GR		
Pit or Below-grade Tank Application or Closure Depth to Groundwater Distance from nearest fresh water well Distance from nearest 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: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING MULTIPLE CO		
OTHER:	□ OTHER:PIT CLC	— NZI
13. Describe proposed or completed operations.	(Clearly state all pertinent details, an	DSED X d give pertinent dates, including estimated date
of starting any proposed work). SEE RULE	1103. For Multiple Completions: At	tach wellbore diagram of proposed completion
or recompletion. PIT HAS BEEN CLOSED ACCORDING TO OCD	PILLE 50 AND IS DEADY FOR ING	EDECTION
THE MADE OF CHOSED ACCORDING TO OCD	ROLE 30 AND 13 READ I FOR INS	Brection.
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I hereby certify that the information above is true and grade tank has been/will be constructed or closed according to	complete to the best of my knowledg	e and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan .
SIGNATURE CONTROLLING	TITLE Production/Regulatory	Asst. DATE 11/18/2005
Type or print name Shay Stricklin	E-mail address:sstricklin@cl	nkenergy.com Telephone No. (432)687-2992
For State Use Only		65 Telephone 10. (432)007-2372
APPROVED BY: Law Williams		The same and a same a facility
	KUNLEIELD REPRESENTATIV	DATE NOV 2 2 2005

DATE NOV 2 2 2005