

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

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

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

WELL API NO.	30-025-37766
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	Jordan 12 State
8. Well Number	4
9. OGRID Number	147179
10. Pool name or Wildcat	Mescalero; Upper Penn, North

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Chesapeake Operating Inc.

3. Address of Operator P.O. Box 11050
Midland, TX 79702-8050

4. Well Location
Unit Letter L : 2310 feet from the South line and 330 feet from the West line
Section 12 Township 10S Range 32E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4238 GR

Pit or Below-grade Tank Application ☐ or Closure ☒

Pit type _____ Depth to Groundwater - 35 Distance from nearest fresh water well 1000+ Distance from nearest surface water +1000

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 ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: Close drilling 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 drilling pit for this well. We will haul off all cuttings and pit materials and restore the ground to NMOCD guidelines.



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 Shay Stricklin TITLE Regulatory Assistant DATE 09/18/2006

Type or print name Shay Stricklin
For State Use Only

E-mail shaystricklin@ehkenergy.com Telephone No. (432)687-2992
OCD FIELD REPRESENTATIVE / STAFF MANAGER

APPROVED BY: Shay W. Wink TITLE _____ DATE _____

Conditions of Approval (if any):

SEP 21 2006