Submit 3 Copies To Appropriate District Office	State of New 1	Mexico		Form C 102
District I Energy, Minerals and Natural Resources		Form C-103 Revised June 10, 2003		
District II			WELL API NO.	
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			300025-361	
District III 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr.			5. Indicate Type STATE	
District IV Santa Fe, NM 87505			6. State Oil & G	
1220 S. St. Francis Dr., Santa Fe, NM 87505				as Ecase 1(0.
SUNDRY NOTICE	CES AND REPORTS ON WEL	LS	7. Lease Name o	or Unit Agreement Name
(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				
TROPOSALS.)			Russell 5	State
1. Type of Well: Oil Well Gas Well Other			8. Well Number	
2. Name of Operator	Otner			1
Chesapeake Operating,	Inc.		9. OGRID Numb	er
3. Address of Operator			147179 10. Pool name or Wildcat	
P.O. Box 18496, Okla. City, OK 73154-0496			Austin Morro	T C C C C C C C C C C C C C C C C C C C
4. Well Location			IAUSTII MOTTO	w DW Gas
Unit Letter I	1980 feet from the South	** 7 ₀ .	200	_
Romt Letter	feet from the South	line and	990 feet fro	m the East line
Section 5	Township 15S	Range 35E	NMPM Lea	County
	11. Elevation (Show whether D		Lea IVA	County
12 Charles	GL: 4024'	•		
NOTICE OF INT	ppropriate Box to Indicate			
NOTICE OF INT	PLUG AND ABANDON	SUBS	SEQUENT RE	
	1 EGG AND ABANDON [REMEDIAL WORK	· 🗆	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIE	LLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE [7]		· . ——	ABANDONMENT
	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ND 🗌	1994 <u>-</u>
OTHER:	- 7		-	
13. Describe proposed or comple	eted operations (Clearly state of	OTHER: 5-1/2"	csg, release	rig 🛛
of starting any proposed wor	k). SEE RULE 1103. For Multi	n pertinent details, and	give pertinent date	s, including estimated date
				· ·
08/18/03 RU csg crew,				
	dual spacer, cmt w/118 13 bbls 2% KCL, bump p			14.4 PPG, 1.30
08/19/03 ND BOP, set				st tree
	s, release Nabors Dril			22131415767
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				63 4.7 863
				2 32
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				1500 00 00 00 00 00 00 00 00 00 00 00 00
				£0862801260
I hereby certify that the information at	pove is true and complete to the I	est of my knowledge	and belief.	
SIGNATURE Dalbare I	\mathcal{L} ρ			
July on f	TITLE_	REgulatory Ana	<u>lyst</u>	DATE 08/29/03
Type or print name Barbara J.	Bale E-mail a	ddress:	Tal	enhone No. (ADS) 040 000
(This space for State use)				ephone No. (405)848-800
APPPROVED BY Laury	,) , I \ OCFI	LD REPRESENTATIV	E 11/STAFF MAN	SFP 0 3 2003
Conditions of approval, if any:	W. WWETITLE_			DATE