Submit 3 Copies To Appropriate District	State of N	Jorr Marria	
Office District I	State of New Mexico		Form C-103
1625 N. French Dr., Hobbs. NM 88240			Revised June 10, 2003
District II			WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210 District III			30-025-36073
1000 Rio Brazos Rd., Aztec, NM 87410	1000 Rio Brazos Rd., Aztec NM 87410 1220 South St. Francis Dr.		5. Indicate Type of Lease
District IV	Santa Fe,	NM 87505	STATE FEE X
1220 S. St. Francis Dr., Santa Fe, NM 87505	· ·		6. State Oil & Gas Lease No.
	OPO AND DEPOSIT		
I CONOLOGE IND FORM FOR PROPOS	CES AND REPORTS ON		7. Lease Name or Unit Agreement Name
The second secon	ATION FOR PERMIT" (FORM	EN OR PLUG BACK TO A	
	TOTAL	C-101) FOR SUCH	WTYSRU 934
1. Type of Well:			8. Well Number
Oil Well Gas Well Other			924
2. Name of Operator			9. OGRID Number
Chesapeake Operating,]	Inc.		l f
3. Address of Operator			147179 10. Pool name or Wildcat
P. O. Box 14896, O¶lahoma City, OK 73154-0496			
4. Well Location			Teas:Yates,7-Rivers West
Unit Letter F :	2560 feet from the	North line and	2210 feet from the West line
g 0			zz10feet from theWestline
Section 9	Township	^{20S} Range 33E	NMPM Lea County
	11. Elevation (Show when	ther DR, RKB, RT, GR, etc.,) Bed County
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
12. Check A	ppropriate Box to Indi	cate Nature of Notice.	Report or Other Data
NOTICE OF INT	ENTION TO:	SUR	SEQUENT REPORT OF:
	B1 410 444 1	REMEDIAL WOR	
TEMPORARILY ABANDON	011110==-		Li Marana E
Dill Con Alexander		COMMENCE DRI	
PULL OR ALTER CASING	MULTIPLE	☐ CASING TEST AN	ABANDONMENT —
	COMPLETION	CEMENT JOB	
OTHER:		–	
*		OTHER: Conver	t To Injection
25. Debeties proposed of completed operations (Clearly state of marking the first of the complete operations)			
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion			
_			And the second s
08/20/03 RIH w/pkr & 94 jts tbg, set pkr @2985', load casing w/45 BPW; test to avg PSI 520#, ISP 0, telease pkr, POOH, LD tbg, SDFN			
500#, tie on tog, start of W/24 bbs1 15% NREE acid - 165 PPW test to			
avg PSI 520#, ISP 0, telease pkr, POOH, LD tbg, SDFN			
08/21/03 Basic WS#1253 DI 5 1/211			
08/21/03 Basic WS#1253 , PU 5-1/2" arrow-set injection pkr @2970', 95 2-3/8" dual			
line tbg @2963', set pkr @2970', get on & off tool load w/60 bbls of pkr fluid,			
set pkr load w/25 bbls pkr fluid, pressure up to 500#, bleed off, leave csg open 08/22/03 Pressure up to 500#, RDMO			
08/22/03 Pressure up so	ight, set up H-5 i	test w/NMOCD, RDMO	
08/22/03 Pressure up casing to 450#, chart casing for 30 minutes, OK, NMOCD man on location for witness. Build wellhead for injection.			
michess 101 withess	• bulld wellhead	for injection.	
24	3.		•
Original Chart to 2	3LM		·
J. Marie			tum.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE JANDARA & D	all TIT	LE Regulatory Anal	_ystDATE 09/04/03
Type or print seems			DATE 07/04/03
Type or print name Barbara J.	Bale E-r	nail address:	Telephone No. (405)848-8000
(This space for State use)	e .		200phono 140.(403) 048-8000
ADDDD OVER DAY	lu ·		CED a a sec
APPPROVED BY Miss Un	Ellam TITI	LE	SEP 0 9 2003
Conditions of approval, if any:	· · -	LE_ TRICT SUPERVISOR/GENT	RALMANAULA
	OC DIS	TRICI SULENTISCH	•

