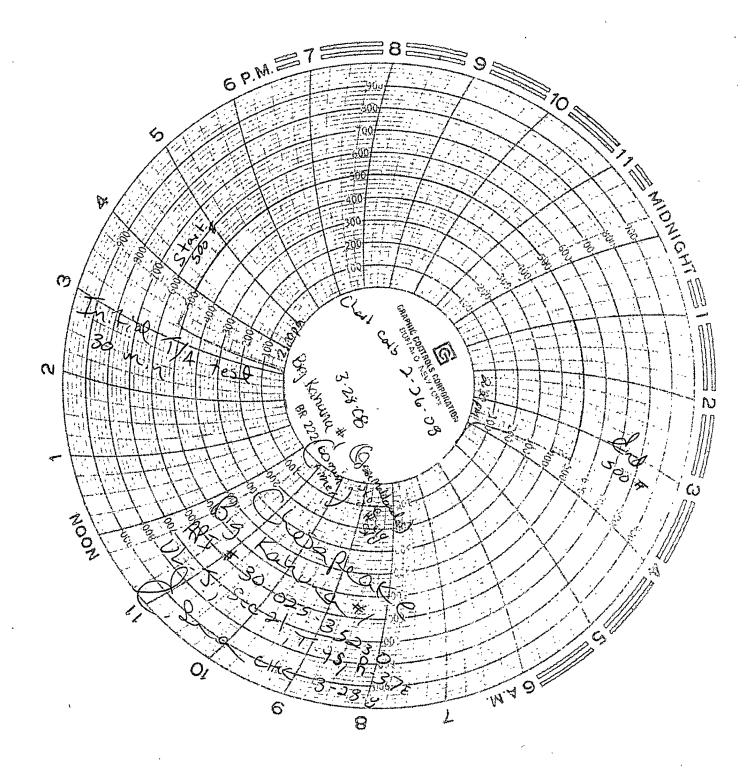
Submit 3 Copies To Appropriate District Office		New Mexico		Form C-103	
District I	Energy, Minerals	and Natural Resources	WELL API N	May 27, 2004	
1625 N. French Dr., Hohbs, NM 88240 District II	OIL CONICEDA	ATION DIVISION		30-025-35230	
1301 W Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr.				5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, NM 87505			STATE	E FEE X Cas Lease No.	
District IV 1220 S St. Francis Dr., Santa Fe, NM 87505	Santa i c	., 1407 07303	o. State Off &	das Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Nam	e 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 PROPOSALS.)			BIG KAHUN	300065	
1. Type of Well: Oil Well X Gas Well Other			8. Well Num		
Name of Operator Chesapeake Operating Inc.			9. OGRID N	9. OGRID Númber 147179	
3. Address of Operator 2010 Rankin Hwy			10. Pool nam	10. Pool name or Wildeat	
Midland, TX 79701			SAWYER; I	10. Pool name or Wildcat WEST (645) SAWYER; DEVONIAN, WEST 97103	
4. Well Location					
Unit Letter_J :_	1553 feet from the	SOUTH line and	feet	from the EAST line	
Section 21	Township 9S		NMPM	CountyLEA	
	11. Elevation (Show who 3979 GR	hether DR, RKB, RT, GR,	elc.)		
Pit or Below-grade Tank Application 🔲 or	•		<u> </u>		
Pit type Depth to Groundwa	nterDistance from nea	arest fresh water well	_ Distance from nearest	surface water	
Pit Liner Thickness: mil	Below-Grade Tank: Vol		; Construction Materi	1	
	appropriate Box to In-	dicate Nature of Not	ice Report or Ot	her Data	
12. Check A	ippropriate box to in		· •		
NOTICE OF IN			SUBSEQUENT		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE CASING/CE	DRILLING OPNS.] PANDA []	
PULL OR ALTER CASING	MULTIPLE COMPL	L) CASING/CE	MEMI JOB	J	
OTHER:		OTHER:Tem	porarily Abandon	<u>X</u>	
13. Describe proposed or comp	leted operations. (Clearly	state all pertinent detail	s, and give pertinent	dates, including estimated date	
of starting any proposed wo or recompletion.	rk). SEE RULE 1103. F	or Multiple Completions	s: Attach wendore a	iagram of proposed completion	
3/28/08. MIT test ran for 30 mins @	a 500 psi-good test prigi	nal chart attached. Well i	s TA		
5/26/00. WITT CSC Vall for 50 IIIII3 @	3 200 psi good test, origi	in cimi timanos. Were	<i></i>		
				MARIEN	
			HE	CENED	
			A	PR 1 o 2008	
			a a 🗪	mon non	
This Approval	l of Temporary t Expires	. / /		RRS OCD	
Abandonmen	t Expires 94	-110/2013	H 0 4		
		_			
	•				
hereby certify that the information	above is true and comple	to to the bact of my Imay	iladge and ballef 16	with an eastifut hat any nit as halow	
rade tank has been/will be constructed or	closed according to NMOCD	guidelines 🔯, a general pern	nit 🗌 or an (attached) a	Iternative OCD-approved plan .	
SIGNATURE TO THE STATE OF THE S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TITLE Regulatory Tech.		DATE 04/03/2008	
	American de la companya del la companya de la compa			,	
Type or print name Shay Stricklin		E-mail address:sstrickling	n@chkenergy.com	Telephone No. (432)687-2992	
For State Use Only					
	· /	,		A 70 m	
APPROVED BY:	and a	TITLE GESTORIS +	-	DATE APR 10 20	



RECEIVED

APR 1 o 2008 HOBBS OCD