

890917

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
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

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-025-26796
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: BOBBI
8. Well Number 2
9. OGRID Number 147179
10. Pool name or Wildcat Arkansas Junction; San Andres West

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN 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
2010 Rankin Hwy., Midland, TX 79701

4. Well Location
Unit Letter O : 330 feet from the SOUTH line and 1980 feet from the EAST line
Section 20 Township 18 S Range 36 E NMPM LEA County NM

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3,832 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type STEEL 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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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 well bore diagram of proposed completion or recompletion.

5-21-08 Set 4 1/2" C.I.B.P. @5,376'.

5-22-08 Circulate hole with mud. Spot 25 sx. cmt. @5,376'. Spot 25 sx. cmt. @3,204'. Perf. 4 holes @1,931'. Set pkr. @1,512'. Sgz. 40 sx. cmt. Perf. 4 holes @450'.

5-23-08 Pump 135 sx. cmt. down 4 1/2" to surface out of 8 5/8". Leave 4 1/2" full of cement. Install Dryhole Marker.

Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.cmnrd.state.nm.us/oed.

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 _____ TITLE P & A SUPV. DATE 5-27-08
Type or print name GARY EGGLESTON E-mail address: Telephone No. (432) 530-0907

For State Use Only

APPROVED BY _____ TITLE DISTRICT SUPERVISOR/GENERAL MANAGER DATE JUN 05 2004
Conditions of Approval, if any: