	2008			
Submit 2 Copies To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 88244 District II 1301 W. Grand Ave. Artesia NM 88344 OIL C	State of New Me	exico		Form C-103 . October 25, 2007
District I 1625 N. French Dr., Hobbs, NM 882	vivine ars and Natu		WELL API NO.	30-025-33546
1501 W. Grand I.V., Intesta, III.	The Column Trees, The Column Trees and The Column Trees, The Colum		5. Indicate Type of	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr , Santa Fe, NM 87505  Santa Fe, NM 87505			STATE 6. State Oil & Gas	] FEE X Lease No.
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 SUCII			7. Lease Name or Unit Agreement Name Ollie J. Boyd	
PROPOSALS.)  1. Type of Well:   Oil Well   Gas Well	Other		8. Well Number	8 /
2. Name of Operator Chesapeake Operating,	Inc.		9. OGRID Number	r 147179
3. Address of Operator P.O. Box 18496 Oklahoma City, OK 73	154-0496	1	10. Pool name or V Blinebry Oil & Gas	/
4. Well Location  Unit Letter E: 1650' feet from the North line and 560' feet from the West line  Section 23 Township 22 S Range 37 E NMPM County Lea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3335' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  PLUG AND ABANDON REMEDIAL WORD  TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR  PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN			LING OPNS. F	ORT OF: ALTERING CASING ☐ PAND A ☒
OTHER:     Location is ready for OCD inspection after P&A				
<ul> <li>✓ All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.</li> <li>✓ Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.</li> <li>✓ A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the</li> </ul>				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR				
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
<ul><li>The location has been leveled as nearly as poother production equipment.</li><li>Anchors, dead men, tie downs and risers have</li></ul>	e been cut off at least	two feet below groun	d level.	•
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed from lease and well location.				
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)				
<ul> <li>☒ All other environmental concerns have been</li> <li>☒ Pipelines and flow lines have been abandone non-retrieved flow lines and pipelines.</li> </ul>	addressed as per OCD d in accordance with 1	rules. 9.15.9.714.B(4)(b) N	IMAC. All fluids h	ave been removed from
When all work has been completed, return this for inspection has to be made to a P&A location beca	rm to the appropriate I use it does not meet th	District office to schede criteria above, a pe	dule an inspection.  nalty may be assess	If more than one ed.
SIGNATURE Linda Weeks	TITLE_Re	eg. Compliance Speci	alistD	OATE <u>09/09/2008</u>
TYPE OR PRINT NAME Linda Weeks For State Use Only	E-MAIL:	linda.weeks@chk.co	om PF	IONE: (405)879-6854
APPROVED BY: Conditions of Approval (it any):	alu_TITLE_	omp. OH.		DATE 9/15/2008