

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

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

Form C-103

May 27, 2004

WELL API NO. 30-025-31856
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: WEST TEAS YATES SEVEN RIVERS UNIT
8. Well Number 600
9. OGRID Number 147179
10. Pool name or Wildcat SWD; DELAWARE

**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 SUCH PROPOSALS.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name: WEST TEAS YATES SEVEN RIVERS UNIT
2. Name of Operator CHESAPEAKE OPERATING, INC.	8. Well Number 600
3. Address of Operator P.O. BOX 18496, Oklahoma City, OK 73154-0496	9. OGRID Number 147179
4. Well Location Unit Letter <u>G</u> : <u>1,730'</u> feet from the <u>NORTH</u> line and <u>1980'</u> feet from the <u>EAST</u> line Section <u>16</u> Township <u>20 S</u> Range <u>33 E</u> NMPM <u>LEA</u> County <u>NM</u>	10. Pool name or Wildcat SWD; DELAWARE
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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 wellbore diagram of proposed completion or recompletion.

9-18-08 Set C.I.B.P. @5,520'. Circulate hole with mud. Spot 35 sx. cmt. on C.I.B.P. @5,520'. Tag & plug @5,160'.

9-19-08 Spot 25 sx. cmt. @3,014'. No tag. Spot 25 sx. cmt. @3,014'.

9-22-08 No tag on plug @3,014'. Spot 25 sx. cmt. @3,014'. Tag & plug @2,851'. Spot 65 sx. cmt. from 547' to surface.

9-23-08 Install Dryhole Marker.

P & A DATE: 9-22-08

Approved for plugging of well bore only.  
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.emnrd.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 9-28-08

E-mail address:

Type or print name LARRY WINN

Telephone No. (432) 530-0569

For State Use Only

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval, if any:

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

OCT 14 2008