

Submit 3 Copies To Appropriate District Office

District I
1625 N. French Dr., Hobbs, NM 88240
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
Revised March 25, 1999

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

WELL API NO. 30-025-36117
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas 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 SUCH PROPOSALS.)

1. Type of Well:
Oil Well ☐ Gas Well ☐ Other New Drilling

2. Name of Operator
Chesapeake Operating, Inc.

3. Address of Operator P.O. Box 18496
Oklahoma City, OK 73154-0496

4. Well Location

Unit Letter E : 2130 feet from the N line and 610 feet from the W line

Section 4 Township 17S Range 37E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR : 3791'

7. Lease Name or Unit Agreement Name:

Jeffrey 4

8. Well No.
1

9. Pool name or Wildcat
Shipp Strawn Pool

11. 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 ☐

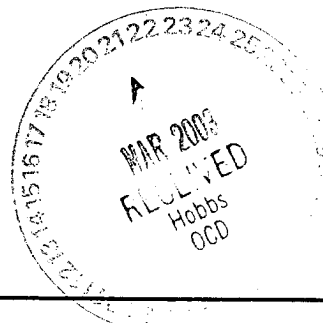
CASING TEST AND CEMENT JOB ☐

OTHER: 5-1/2" csg; Rig Release ☒

12. 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 recompilation.

03/09/03 RU csg crew, run total 259 jts 5-1/2" 17# L-80 LTC casing, RD crew, RU cmt crew, wash to bottom, circ, cmt 1st stg w/370 sx Interfill H, tail w/230 sx 50:50 Poz Prem, plug down, circ 40 sx cmt to surface, cmt 2nd stg w/450 Interfill H, tail w/100 sx Premium, plug down, RD cmt crew, ND BOP,

03/10/03 RU BOP, wenches, set slips, cut off csg, RD wenches
ND BOP, NU tree, test 2500#, clean pits, release rig
Release Nators Drlg Rig #311 @12:00 p.m.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Barbara J. Bale TITLE Regulatory Analyst DATE 03/18/03

Type or print name Barbara J. Bale

Telephone No. (405) 848-8000

(This space for State use)

OC FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY Larry W. Wink TITLE _____ DATE MAR 28 2003
Conditions of approval, if any