Submit One Copy To Appropriate District Office	State of French				Form C-103 March 18, 2009			
District 1 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources			WELL API NO.	30-025-276			
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			5. Indicate Type of STATE [ 6. State Oil & Gar	of Lease	X		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505				b. State Off & Gas	s 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, JUSE "APPLICATION FOR PERMIT" (FORM C 1011) OR SUCH PROPOSALS.)				7. Lease Name or Unit Agreement Name Huey  8. Well Number				
1. Type of Well: XIOII Well  Gas Well  Other  2. Name of Operator  Aug. 2.0. 2040				9. OGRID Number	°1 er			
Chesapeake	Operating, Inc.		G 2.6 2010		14717	9 /-		
3. Address of Operator P.O. Box 18 Oklahoma C	496 ity, OK 73154-0496	HO	BBSOCD	10. Pool name or Nadine;Paddock-E		st		
4. Well Location Unit Letter K : 2080'	feet from the South li	ne and <u>198</u> 0	<u>)'</u> feet from the <u>W</u>	<u>'est_</u> line				
Section 5 Township 20S Range 38E NMPM County Lea  11. Elevation (Show whether DR, RKB, RT, GR, etc.)								
3580' GR								
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data								
NOTICE OF INTENTION TO: SUBS				SEQUENT REF	PORT OF ALTERING			
TEMPORARILY ABANDON				LLING OPNS.	P AND A			
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMENT	I JOB				
OTHER:	annellance with OCD w	la and the	Location is re	eady for OCD inspe	ction after F	2&A		
<ul> <li>XI All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.</li> <li>IXI Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.</li> <li>IXI 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.								
Ine location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and								
other production equipment.								
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground 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.)								
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-retrieved flow lines and pipelines.								
When all work has been completed, re	turn this form to the app	ropriate Dis	strict office to sch	edule an inspection.				
7 /	1 //	Site	still has active	battery associate	ed with loc	ation.		
SIGNATURE Den An	I John	TITLE Seni	or Regulatory Co	mpl. Sp.	DATE <u>08/2:</u>	5/2010		
TYPE OR PRINT NAME Bryan Arra For State Use Only	ńt E	E-MAIL: <u>b</u>	ryan.arrant@chk.	com P	HONE: <u>(405</u>	5)935-3782_		
APPROVED BY: Wall	notalen ?	TITLE_C	onystrance	e Officer	DATE O	1/21/2010		
Conditions of Approval (if any):			1			7		