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APPROVED BY ----

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico

Form C-103

Revised 1-1-89

to Appropriate District Office	energy, minerals and natural Re	Sources Department	Metonol 1-1-07
DISTRICT I P.O. Box 1980, Hobbs, NM \$8240	OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexi∞ 87503		WELL API NO. 30-025-29535
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lesse No.
SUNDRYNOT	ICES AND REPORTS ON WEL	LS	
( DO NOT USE THIS FORM FOR PR	OPOSALS TO DRILL OR TO DEEPEN ( RVOIR. USE "APPLICATION FOR PER -101) FOR SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
I. Type of Well: OIL GAS WELL WELL	L OTHER T.A.		College Of The Southwest 17
2. Name of Operator	Tne		8. Well No.
Chesapeake Operating,	The.		9. Pool name or Wildox
3. Address of Operator P.O. Box 18496, Okla.	City, OK 73154-0496		Lovington Penn West
4. Well Location	<u> </u>		
	Feet From The South	Line and 991	Feet From The West Lin
Service 17	Township 16S Ra	mge 36E	NMPM Lea County
Section 1 /	10. Elevation (Show whether GR: 3937	DF, RKB, RT, GR, etc.)	
	/////\		Percent or Other Data
NOTICE OF IN	Appropriate Box to Indicate I	SUE	SSEQUENT REPORT OF:
	<del></del>	REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK		COMMENCE DRILLING	
TEMPORARILY ABANDON	CHANGE PLANS		
PULL OR ALTER CASING		CASING TEST AND CI	EMENT JOB []
OTHER:		OTHER:	
Note: Cement plugs us A) CIBP @10,725' capp B) 100' cement plug f C) 100' cement plug f D) 100' cement plug f E) 100' cement plug f	rations (Clearly state all periners details, of ing C1. H, 15.6 PPG, 1.2 ed w/35' of cement (isolarom 6270' to 6170' (50' rom 4350' to 4250' (50' rom 1800' to 1700' (100 rom 449' to 349' (50' I/0 om 63' to 3' (surface p	18 yield late Perforated I/O of Gloriett I/O of 9-5/8" s ' above the salt O of 13-3/8" sho	thoe @4300')-TAG
1, 55 53 1238 45	•	•.	- A CONSTRUCTION AND SET ON NACIONAL CALL

THE COMMISSION MUST BE NOTIFED 24 HOURS PRIOR TO THE BEGINNING OF MUGGING OPERATIONS FOR THE CHOM TO BE APPROVED.

	TO BE VISINOVER	TO BE MASSONED		
I bereby certify that the information above is true and complete to the best of my knowledge and	mne Asset Manager	DATE 09/26/01		
SIGNATURE CONTRACTOR OF THE SIGNATURE	TELEPHONE NO.	(405) 848-8000		
(This space for State Use)				
	mue	DATE		