Submit 3 Copies to Appropriate District Office

State of New Mexico

Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-29 DISTRICT I OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. 310 Old Santa Fe Trail, Room 206 30-025-33686 DISTRICT II Santa Fe. New Mexico 87503 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: LOVINGTON 5 GAS WELL WELL X OTHER 2. Name of Operator 8. Well No. Chesapeake Operating, Inc. 9. Pool name or Wildcat 3. Address of Operator P. O. Box 18496, Oklahoma City, OK 73154-0496 West Lovington Strawn 4. Well Location 2190 South - 810 Unit Letter West Feet From The Line and Feet From The Line 16S 36E LEA Section Township Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR: 3926' Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: 5-1/2" Casing OTHER: 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

work) SEE RUL	E 1103.	
12-23-96	Run	5-1/2" casing @ 12,208', 17#-20#, 8-RD J-5
	1st	Stg - 390 sx PHL, 12.7 PPG, 1.97 yield
		125 sx Prem, 15.6 PPG, 1.3 yield
	2nd	Stg - 600 sx PHL, 12.7 PPG, 1.97 yield
		100 Prem Neat, 15.6 PPG, 1.18 yield
	WOC	8 hours - float shoe @ 12,208'

I hereby certify that the information above is true and complete to the best of my knowledge and beli		
SKINATURE TIME	Regulatory Analyst	DATE 4-22-97
TYPEOR PRINT NAME Barbara Bale	TELEPHONE NO.	(405)848-8000

TIME .

(This space for State Use)

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