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## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-303

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DISTRICT

to Appropriate
District Office Revised 1-1-89 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 310 Old Santa Fe Trail, Room 206 30-025-3368 DISTRICT II Santa Fe, New Mexico 87503 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEEX ! 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.) LOVINGTON 5 1. Type of Well: OAS WELL WELL X OTHER 2. Name of Operator 8. Well No. Chesapeake Operating, Inc. 1 3. Address of Operator 9. Pool name or Wildcat Wild cat P.O. Box 18496, Oklahoma City, OK 73154-0496 -West Lovington Strawn 4. Well Location Line and 810 2190 Feet From The \_\_\_south Unit Letter \_\_\_T Feet From The 16S · ship 16S Range 36E 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 36E LEATownship **NMPM** County 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 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **TEMPORARILY ABANDON CHANGE PLANS** CASING TEST AND CEMENT JOB **PULL OR ALTER CASING** OTHER: Surface 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 RULE 1103. Ran 63 joints 8-5/8" 28# J55 ST&C Casing, 35 joints 8-5/8" 32# J55 ST&C Casing - total of 98 joints. Float collar @ 4,221', shoe @ 4,222', float shoe @ 4,268'. Cemented w/1350 sx cement & tail w/200 sx cement WOC: 17 hours I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 12-3-96 Regulatory Analyst TILE \_ SIGNATURE . TELEPHONE NO. (405)848-8000 Barbara J. Bale TYPE OR PRINT NAME

CONDITIONS OF AFPROVAL, IF ANY:

(This space for State Use)

APPROVED BY-