Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

Form C-103
Revised 1-1-89

WELL API NO.
30-025-33756

5. Indicate Type of Lease STATE [ ] FEE [X]

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.)

7. Lease Name or Unit Agreement Name
PATTY 20

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Chesapeake Operating, Inc.

8. Well No.
1

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

9. Pool name or Wildcat
West Lovington Penn

4. Well Location
Unit Letter E : 2156 Feet From The North Line and 990 Feet From The West Line

Section 20 Township 16S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR: 3942'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

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:	[ ]			OTHER: 5-1/2" Csg			[X]

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.

3-22-97 set 5-1/2" 20# S95 BTC & LTC csg; 194 jts 5-1/2" 17# N80 LTC csg -
03/22/97 - set 73 jts 5-1/2" 20# S95 BTC & LTC csg; 194 jts 5-1/2" 17#

N80 LTC Csg - Total 267 jts - Float collar @ 11,694' & float shoe at 11,780'

1st stage cement 675 sx; 2nd stg cement 950 sx

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 04-22-97

TYPE OR PRINT NAME Barbara J. Bale TELEPHONE NO. (405) 848-8000

(This space for State Use)

APPROVED BY ... TITLE ... DATE ...

CONDITIONS OF APPROVAL, IF ANY: