

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.
30-025-33756

5. Indicate Type of Lease
STATE ☐ FEE ☒

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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator
Chesapeake Operating, Inc.

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

7. Lease Name or Unit Agreement Name

PATTY 20

8. Well No.

1

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Spud - Surface Csg ☒

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.

Well Spud 02/20/97 @ 11 a.m. ZiaDril Rig #2

02-21-97 Run 13 jts 13-3/8" 54.5# H40 STC Casing; Cement w/500 sx cement (Prem. Plus)
14.8 PPG, 1.32 yield; WOC 8 hrs. Casing set @ 393'
Test Csg & BOP @1000 psi - ok.

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

4-22-97

TYPE OR PRINT NAME

Barbara J. Bale

TELEPHONE NO. (405)848-8000

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

14 1997

CONDITIONS OF APPROVAL, IF ANY:

Handwritten
Hills
000