

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.
30-025-33776

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

4. Well Location
Unit Letter T 2190 Feet From The South Line and 870 Feet From The West Line
Section 4 Township 16S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR: 3926'

7. Lease Name or Unit Agreement Name

BUS BARN 4

8. Well No.

14

9. Pool name or Wildcat
West Lovington Strawn

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: 5-1/2" casing ☒

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.

02-17-97 run 174 jts 5-1/2" 20#/17# LTC; 1 jt 17# X-over jt; 100 jts 17#/20# BTC
csg; Float collar @ 12,075' & shoe @ 12,168' -- total 274 jts csg
Cement: 1st stg 450 sks Prem Light 12.7 PPG, 1.97 yield
240 sks Prem, 15.6 PPG, 1.30 yield - full returns w/normal pressure
2nd stg 650 sks Prem, 12.7 PPG, 1.97 yield
100 sks Prem Neat, 15.6 PPG, 1.18 yield, full returns, closed
DVT, raise stack, set slips & cut off, set out BOP
WOC: 8 hrs

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Barbara Bale TITLE Regulatory Analyst DATE 04-22-97

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

(This space for State Use) ORIGINAL SIGNED BY MARY SEXTON
DISTRICT III

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: