

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

7. Lease Name or Unit Agreement Name

BUS BARN 4

8. Well No.

1Y

9. Pool name or Wildcat

West Lovington Strawn

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'

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: 8-5/8" 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.

01-23-97 - run 104 jts 8-5/8" 32# K55 STC Csg; 1 jt 32# K55 LTC/STC Csg - total 105 jts
Float collar @4158' and float shoe @4200'
Cement w/1350 sx HLP, 12.7 ppg, 1.97 yield & 200 sx Prem Plus,
14.8 ppg, 1.32 yield WOC: 8 hrs

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) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: