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 II	D. Box 1980, Hobbs, NM 88240 310 Old Santa Fe Trail, Room 206 STRICT II Santa Fe New Mexico, 87503		WELL API NO. 30-025-33876	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 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 PERMET"		5. Indicate Type of Lease STATE	EX	
		6. State Oil & Gas Lease No.		
		7. Lasse Name or Unit Agreement Name		
(FORM C-101)	FOR SUCH PROPOSALS.)		ALSTON 8	
2. Name of Operator Chesapeake Operating, Inc			8. Well No.	
P. O. Box 18496, Oklahoma City, OK 73154-0496		9. Pool name or Wildcat NE Shoebar Strawn		
	Township 16S 10. Elevation (Show what GR: 3938)	Range 36E 1	NMPM LEA CO	Line
NOTICE OF INTENT		ate Nature of Notice, Re		
NOTICE OF INTENT	FION TO:	SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	FLUGAND ABANDON [CHANGE PLANS	SUB:	SEQUENT REPORT OF: ALTERING CASING	
PERFORM REMEDIAL WORK	FLUGAND ABANDON	SUB: REMEDIAL WORK COMMENCE DRILLING	SEQUENT REPORT OF: ALTERING CASING OPNS. PLUG AND ABANDONME	vī [
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	FLUGAND ABANDON	SUB:	SEQUENT REPORT OF: ALTERING CASING OPNS. PLUG AND ABANDONMENT JOB	VIT [
PULL OR ALTER CASING	FION TO: PLUGAND ABANDON [CHANGE PLANS [REMEDIAL WORK COMMENCE DRILLING CASING TEST AND CEI OTHER: Spud & 1	SEQUENT REPORT OF: ALTERING CASING OPNS. PLUG AND ABANDONMENT MENT JOB L3-3/8" Casing	
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER: 12. Describe Proposed or Completed Operations (6)	FION TO: PLUG AND ABANDON CHANGE PLANS [Clearly state all pertinent details	SUB: REMEDIAL WORK COMMENCE DRILLING CASING TEST AND CEI OTHER: Spud & 1 Tills, and give pertinent dates, included.	SEQUENT REPORT OF: ALTERING CASING OPNS. PLUG AND ABANDONMENT MENT JOB L3-3/8" Casing	

I hereby certify that the information above is true and complete to the best of my knowledge	and belief.	
I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE SIGNATURE AUDIANA AUDIANA SIGNATURE	Regulatory Analyst	DATE 04-22-97
TYPEOR FRINT NAME Barbara J. Bale	TELETHONE NO.	(405) 848-8000
(This space for State Use) ORIGINAL SIGNED BY JEERLY SEXTON DISTRICT I SUFCRIVEOR		103.00

APR 2.9 1997

- DATE -

APPROVED BY-