

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. 30-025-33934
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LITTLE 6
8. Well No. 1
9. Pool name or Wildcat West Lovington Strawn
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR: 3954'

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 New Drilling Well

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 K : 2065 Feet From The So. Line and 2038 Feet From The W. Line

Section 6 Township 16S Range 36E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR: 3954'

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Production Casing <input checked="" type="checkbox"/>	

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.

06-13-97 Set 102 jts 8-5/8" 32# M-80 STC csg., float collar @4052' & float shoe #4096';
Set @ 4,100', WOC 10-1/4 hrs.

Wash 109' to bottom, circ bottoms up, flush w /188 BW, cement w/1977 sks
Prem + additives, 12.7 PPG, 2.03 yield, cont. w/250 sks Prem Plus + additives,
14.8 PPG, 1.32 yield, displace w/246 BFW, bump plug, plug held, circ 53 sks
to pit.

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 06-13-97

TYPE OR PRINT NAME Barbara J. Bale TELEPHONE NO. (405)848-8000 Ext 112

(This space for State Use) ned by
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ist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

1 1997