

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. 30-025-34093
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EASLEY 6
8. Well No. 1
9. Pool name or Wildcat N.E. Lovington-Penn

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 5 : 2383 Feet From The N Line and 946 Feet From The W Line Section 6 Township 16S Range 37E NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR: 3871'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: 8-5/8" csg & 5-1/2" 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.

9-30-97 RU csg crew, begin to run 5-1/2" csg
10-1-97 Run 281 jts 5-1/2" csg, DV tool set at 8293' w/guide shoe & float collar, RU cementers, wash 20' to bottom, circ cement 1st stg w/800 sks 6% Halad 322+additives, 13.0 PPG, 1.63 yield, circ DV tool, cement 2nd stg w/905 sks lite prem + additives, 12.7 PPG, 1.39 yield, trail w/100 sks Prem + additives, 15.6 PPG, 1.18 yield, plug down w/500# ND BOP, PU & set slips on 5-1/2" csg, jet & clean pit WOC: 8-1/2 hrs.
Release Nabors Drilling Rig #356 @ 6 A.M. on 10/01/97.

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 10-7-97
TYPE OR PRINT NAME Barbara J. Bale TELEPHONE NO. (405)848-8000

(This space for State Use)
ORIGINAL SIGNED BY OLIS WILLIAMS
DISTRICT I SUPERVISOR

OCT 23 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

