

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.

30-025-34093

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 No. 946 Line and W Feet From The 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:

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: Spud & Surface 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.

08-22-97 Well spud @ 7:00 p.m. - Nabors Drilling Rig #356

08-24-97 Run 11 jts. 13-3/8" 54.5# H40 STC Csg, Shoe @ 487' & float collar @ 444',
Run casing to 500'. Cement w/495 sks Prem. + 2% CaCl, PPG 14.8, Yield 1.32,
displace w/69 BFW, plug down, WOC 24 hrs, jet & clean pits, drill out
w/10# brine, cut off, weld on flowline nipple, install flowline

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 08-25-97

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 28 1997