

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.

30-025-34197

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

WATSON "6"

8. Well No.

1

9. Pool name or Wildcat

N.E. Shoe Bar-Strawn

4. Well Location

Unit Letter N : 2857 Feet From The south Line and 1417 Feet From The west Line

Section 6 Township 16S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

GR: 3957'

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: ☐

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.

Chesapeake Operating proposes to temporarily abandon the Watson 6-1 & evaluate well potential. The current production is uneconomical from existing producing horizons.

THE DIVISION MUST BE NOTIFIED 21  
DAYS PRIOR TO THE BEGINNING OF  
PROPOSED OPERATIONS FOR THE CLOS-  
ING TO BE APPROVED

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

01-20-99

TYPE OR PRINT NAME

Barbara J. Bale

TELEPHONE NO. (405)848-8000

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: