

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Lease Name or Unit Agreement Name WATSON "6"
2. Name of Operator Chesapeake Operating, Inc.	8. Well No. 1
3. Address of Operator P. O. Box 18496, Oklahoma City, OK 73154-0496	9. Pool name or Wildcat N.E. Shoe Bar-Strawn
4. Well Location Unit Letter <u>N</u> : <u>2857</u> Feet From The <u>So.</u> Line and <u>1417</u> Feet From The <u>West</u> Line Section <u>6</u> Township <u>16S</u> Range <u>36E</u> 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Perforations <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.

01-06-98

Load tbg w/ 30 BBLS 2% KCL, release pkr, ND wellhead, NU BOPs, TOOH w/ 363 jts 2 7/8" tbg, SN and pkr, MIRU wireline, TIH, set 5 1/2" CIBP @ 11,350', TOOH, RU Halliburton, load csg w/ 80 BBLS 2% KCL, test CIBP 2000#, OK, bleed off pressure, TIH w/ 353 jts 2 7/8" tbg and SN to 11,060', spot 6 BBLS 15% NE-FE, spot w/ 61 BBLS 2% KCL, RD Halliburton, LD 5 jts tbg, std 40 jts tbg, SDFN.

Continued

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 02-09-98
TYPE OR PRINT NAME Barbara J. Bale TELEPHONE NO. (405)848-8000

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK

FEB 16 1998

APPROVED BY FIELD REP. II TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: