

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. <u>30-025-34197</u>
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WATSON 6
8. Well No. 1
9. Pool name or Wildcat N.E. Shoe Bar-Strawn

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	
2. Name of Operator Chesapeake Operating, Inc.	
3. Address of Operator P. O. Box 18496, Oklahoma City, OK 73154-0496	
4. Well Location Lot # 14 Unit Letter : 2857 Feet From The So. Line and 1417 Feet From The W 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: Spud, 13-3/8" & 9-5/8" 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.

10-30-97 Spud well @ 7:30 p.m. with Patterson Drilling Rig #45
10-31-97 Run 11 jts 13-3/8" 54.5# J55 STC csg @ 469'
11-01-97 RU cement crew, cement w/495 sks 2% CaCl, 14.8 PPG, 1.32 yield, circ. 132 sks, displace w/66 BFW, WOC: 12 hours
11-07-97 Run 93 jts 9-5/8" 40# J55 LTC csg to 4205', float collar @4157, float shoe @ 4205', circulate, cement w/1100 sks HLP + additives, cont. w/200 sks Prem + additives, top out w/50 sks Neat, WOC: 17 hours

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 11-12-97
TYPE OR PRINT NAME Barbara J. Bale TELEPHONE NO. (405)848-8000 Ext 112

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

APPROVED BY _____ TITLE _____ DATE DEC 10 1997

CONDITIONS OF APPROVAL, IF ANY: