Submit 3 Copies to Appropriate District Office

1. Type of Well:

WELL

4. Well Location

11.

OTHER:

2. Name of Operator

3. Address of Operator

Unit Letter _G

Section 19

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

GAS WELL

2523 Feet From The

NOTICE OF INTENTION TO:

Township

Chesapeake Operating, Inc.

OIL CONSERVATION DIVISION

Form C-103 Revised 1-1-89 WELL API NO. 310 Old Santa Fe Trail, Room 206 30-025-34250 Santa Fe, New Mexico 87503 5. Indicate Type of Lease FEE X STATE 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) MAC "19" OTHER New Drilling Well 8. Well No. 9. Pool name or Wildcat P. O. Box 18496, Oklahoma City, OK 73154-0496 West Lovington Penn North 2370 Feet From The East Line 16S 36E T.F.A Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR: 3,951' Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB OTHER: Spud - 13-3/8" Casing

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed 12-26-97 Spud well @5:00 p.m. with Patterson Drilling Rig #56 12-28-97 RU csg crew, run 13 jts 13-3/8" 54.5# J55 Csg, float shoe @499', circ, RD csg crew, RU cement crew, pump 471 sks C1 "C" + additives, 14.2 PPG, 1.3 yield, bump plug, float did not hold, close, WOC: 12-1/2 hrs, clean pits, cut off, weld flow nipple, PU BHA, TIH, drill float collar & shoe, drill ahead.

I bereby certify that the information above is true and complete to the best of my knowledge and belief. Signature Regulatory Analyst01-06-98			
SIGNATURE	every Bale	mme Regulatory Analyst	DATE 01-06-98
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

CONDITIONS OF AFFROVAL, IF ANY:

