Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

Revised 1-1-1

DISTRICT I P.O. Box 1980, Hobbs, NM \$8240 DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206 Santa Fe, New Mexico 87503		Trail, Room 206	30-025-34466			
P.O. DEWE DO, AROSE, P.M. 88210 DISTRICT III			5. Indianas Type of Ea	5. ladicate Type of Lesse STATE FEE X		
1000 Rio Brazos Rd., Aztec, NM \$7410			6. State Oil & Ges Le	me No.		
	TICES AND REPORTS ON					
(FORM	IOPOSALS TO DRILL OR TO DE RVOIR. USE "APPLICATION FO 2-101) FOR SUCH PROPOSALS	OR PERMIT"	7. Lesse Name or Uni	t Agreement Name		
I. Type of Well: Oil Well Well Well	OTHER DI	ry Hole	Cartwright 7	7		
2 Name of Operator Chesapeake Operating,	Inc.		8. Well No.			
3. Address of Operator			9. Pool same or Wild	-11		
P.O. Box 18496, Oklah 4. Well Location	oma City, OK 73154-0	0496	NE Lovingtor	ı Penn		
Unix Letter E : 20	88 Feet From The North	1 Line and 812	Feet From Th	<u>West</u>	Line	
Section 7	Towaship 16S	Range 37E	NMPM LEA	Coun	я́у	
	10. Elevation (Show) GR: 3852'	whether DF, RKB, RT, GR, etc.)				
11. Check		cate Nature of Notice, R				
NOTICE OF IN	TENTION TO:	SUE	SEQUENT REF	ORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. DPU	UG AND ABANDONMEN	∇	
PULL OR ALTER CASING	•	CASING TEST AND CI	EMENT JOB			
OTHER: OTHER: Rig Release			lease		\Box	
down DP, pum single down	cut drlg line, singl lug 11,779-679', sir p 35 sx plug 7769'-7	le down DP, TIH w/DP ngle down DP, pump 3. 7664', single down DI 4500-4400', pull 5	open ended to 5 sx plug 9,782 P, pump 35 sx p	plug well. Cir 2-9,,682', singl blug 6533-6433',	e	
surface plug on plate & d	DP, WOC, tag cmt, pl , LD 8 jts, ND BOPs, ry hole marker, jet	lug w/ WL 3405', pul; , cut off 8-5/8" csg & clean pits.	l wear ring, pu 4' below grour	ımp 10 sx		
Release Patt	erson Drilling rig #	#48 @2:00 p.m. on 4/	23/00			
			ed as to plugging of cuader bond is reta			
I hereby certify that the performation above is to	se and complete to the best of my knowled	eariadt	restoration is comp	oleted.		
SUNATURE FREFARA J.	<i>)</i> .	Regulatory A	Analyst	_ DATE05/03/00_		
TYPE OR PRINT NAME Barbara	J. Bale		TELEPHONE NO. (405	i) 848-8000		
(This space for State Use)	Hary W.			UAN 2.8 2163		
	GARY WWINK			DATE		
CONDITIONS OF APPROVAL, IF ANY	OC FIELD REPRES	SENTATIVE II/STAFF MANA	GER		Ç	