## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT

OIL CONSERVATION DIVISION

Revised	1-1-1

P.O. Box 1980, Hobbs, NM 88240  310 Old Santa Fe Trail, Room 206  DISTRICT II  P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410		WELL AN NO.	1					
		30-025-34589  5. Indicate Type of Lesse STATE FEE  6. State Oil & Gas Lesse No.						
				SUNDRY NOT	ICES AND REPORTS ON W	ELLS		
				( DO NOT USE THIS FORM FOR PRI DIFFERENT RESE		EN OR PLUG BACK TO A	7. Lease Name or I	Unit Agreement Name
I. Type of Well: OIL GAS WELL WELL	onex New	Drlg Well	M.I. Aller	n 21				
2. Name of Operator	Т		8. Well No.	1				
Chesapeake Operating,  3. Address of Operator	Inc.		9. Pool name or W	ildcat				
P. O. Box 18496, Oklah	homa City, OK 73154-0	496	1	rmo Up. Penn				
4. Well Location								
Unit Letter N : 10:	28 Feet From The S	Line and174	Feet From	The W Line				
Section 21	Towaship 15S	Range 36E	NMPM LEA	A County				
	10. Elevation (Show whe	ther DF, RKB, RT, GR, etc.)						
	GR: 3900		Name					
	Appropriate Box to Indica		_					
NOTICE OF IN	TENTION TO:	SUE	BSEQUENT RE	=PORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING				
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	GOPNS. 🔲 I	PLUG AND ABANDONMENT X				
PULL OR ALTER CASING	••	CASING TEST AND C	EMENT JOB					
OTHER:		OTHER:						
12. Describe Proposed or Completed Oper	rations (Clearly state all pertinent deta	ils, and give pertinent dates, in	cluding estimated date t	of starting any proposed				
work) SEE RULE 1103.			•					
08/09/99 MIRU well se			TOO!! //26	/2261				
08/10/99 TOOH, set C:	LD 80 jts, stand back							
	ed in 5-1/2" 17# csg	1636 01 605, 10 3	, 1/2 Spear,	dhable to get				
08/11/99 Set plug, sp	pot cmt, TOOH w/10 st							
<del>-</del>	35 sx @3152'-2950',	-	•	2				
	not find plug, pump an							
	ug @3150', TOOH to 170 cmt, spot 10 sx cmt a							
cut off anch		c surrace, cut orr	. weithead, we	erd on prace,				
	•							
			as to plugging of t					
		· · · · · · · · · · · · · · · · · · ·	ider Land is retain					
			toración is comple	eted.				
I hereby certify that the information above is true	a and complete to the best of my knowledge a			/ /				
SIGNATURE JACKARA &	Jale	Regulatory	Analyst	DATE _08/23/99				
TYPEOR PRINT NAME Barbara J.	. Bale		TELEPHONE NO. (	405)848-8000				
(Thus space for State Use)								
	Mar 1111	bu.		JAN 2 3 2003				
APPROVED BY	- Lange William	Marke		DATE				
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JC GWW

OC FIELD REPRESENTATIVE II/STAFF MANAGER