

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.	34589
30-025-34581	
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER New Drilling Well	7. Lease Name or Unit Agreement Name M.I. Allen 21
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 Caudill; Permo Up. Penn.
4. Well Location Unit Letter <u>N</u> : <u>1028</u> Feet From The <u>South</u> Line and <u>1744</u> Feet From The <u>West</u> Line Section <u>21</u> Township <u>15S</u> Range <u>36E</u> NMPM LEA County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR: 3900'

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"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Spud, Surf Csg; Prod Csg <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.

04/16/99 Spud well @ 11:00 a.m. w/Patterson Drilling Rig #48

04/17/99 Run 11 jts 13-3/8" 47# & 54# H-40 ST&C Csg @560', RD Csg crew, RU cmt crew, circ, cmt w/495 sx Cl "C" + additives, 14.8 PPG, 1.39 yield, plug down, WOC 11-1/4 hrs

04/24/99 Run 98 jts 9-5/8" 40# N-80 LTC Csg @4,376', was csg to bottom, RD csg crew, RU cmt crew, cmt w/1425 sx 35/65 POZ + additives, 12.5 PPG, 2.04 yield, continue w/200 sx Cl "C", 14.5 PPG, 1.33 yield, plug down, did not bump plug, circ 291 sx to pit, WOC 20-1/2 hrs, jet pit, cut off & weld on head, test to 1000#, NU BOP

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 04/27/99

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

(This space for State Use)

ORIGINAL SIGNED BY CHIEF OF DIVISION
DATE

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: