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

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OIL CONSERVATION DIVISION

WELL API NO. 310 Old Santa Fe Trail, Room 206 30-025-35006 Santa Fe. New Mexico 87503

P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	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.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS X WELL X OTHER	Boyce 15
2. Name of Operator	8. Well No.
Chesapeake Operating, Inc. 3. Address of Operator	9. Pool name or Wildcat
P. O. Box 18496, Okla. City, OK 73154-0496	North Shoe-Bar Atoka
4. Well Location Unit Letter h : 2310 Feet From The North Line and 341	For For Fact Line
Unit Letter : Feet From The Line and 341	Feet From The <u>East</u> Line
Section 15 Township 16S Range 35E 10 Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM Lea County
GR: 3984'	
11. Check Appropriate Box to Indicate Nature of Notice,	Report, or Other Data
NOTICE OF INTENTION TO:	IBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI	NG OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CEMENT JOB	
OTHER: OTHER: New Pe	rforations
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, work) SEE RULE 1103. 11/13/00 MIRU, kill well w/70 bbls 4% KCLW, TOOH w/368 jt wireline, TIH w/5-1/2" CIBP & set @ 11,725', TOO cmt on plug. TOOH, SDFN. 11/14/00 TIH w/4" HSC, perf 11,659-667' & 11,670-678' @ 243 holes, TOOH, FL @3200', TIH w/Rodel "R" pkr & set pkr w/15,000# tension @ 11,605', NU wellhead	es tbg & Model "R" pkr, MIRU OH, PU bailer, TIH, dump 20' Espf, 180° phasing, 26 gram charge, & 365 jts 2-7/8" tbg, ND BOPs,
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Darbara J Dale it TITLE REGulatory TYPE OR PRINT NAME Barbara J. Bale (This space for State Use)	TELEPHONE NO. (405) 848-8000
APPROVED BY	coned by DATE 2001
CONDITIONS OF APPROVAL, IF ANY: ${f P}_{R^{(i)}}$	logiat b

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