

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. 30-025-35085
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Teague 22
8. Well No. 1
9. Pool name or Wildcat Wildcat Morrow Gas Field
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR: 3890'

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 ☐ GAS WELL ☐ OTHER P&A
2. Name of Operator Chesapeake Operating, Inc.
3. Address of Operator P. O. Box 18496, Oklahoma City, OK 73154-0496
4. Well Location Unit Letter <u>F</u> : <u>2272</u> Feet From The <u>North</u> Line and <u>2125</u> Feet From The <u>West</u> Line Section <u>22</u> Township <u>16S</u> Range <u>36E</u> NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR: 3890'

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☒
	CASING TEST AND CEMENT JOB ☐
	OTHER: <u>2A Morrow</u> ☐

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.

09/18/00 TOOH. LD Pkr & 337 total jts, RU WL, set 5-1/2" CIBP @ 10,650', TOOH,
PU RIH, dump 26' cmt. on plug. TOOH, RD WL, RDMO rig,

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 10/13/00
TYPE OR PRINT NAME Barbara J. Bale TELEPHONE NO. (405) 848-8000

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE 10/23/2000
CONDITIONS OF APPROVAL, IF ANY:

