Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-29

DISTRICT J P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. 310 Old Santa Fe Trail, Room 206 30-025-35085 DISTRICT II Santa Fe, New Mexico 87503 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease FEE X 1000 Rio Brazos Rd., Aztec, 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: OIL. Teague 22 OTHER New Drilling 2. Name of Operator 8. Well No. Chesapeake Operating, Inc. 3. Address of Operator 9. Pool name or Wildcat P.O. Box 18496, Oklahoma City, OK 73154-0496 Wildcat Morrow Gas Field 4. Well Location Unit Letter __F : 2272 Feet From The ____ North Line and 2125 _ Feet From The _ West 22 16S 36E Lea Section Township Range County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3890' Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: Spud; 13-3/8" Casing OTHER:_ 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. 07-13-00 Well Spud by Patterson #48 @ 8:00 a.m. 07/14/00 R U casing crew - run 10 jts 13-3/8" 48# H-40 STC csg @ 440'. RU cement crew. Pump 20 BW, 495 sx Cl. C + additives, 14.8 PPG, 1.34 Yield, displace bump plug 600#, cmt to surface 44.5 BBLS, WOC 8-1/2 hours, NU flowline, clean tanks, MU & TIH w/ BHA to float collar @393', drill float equipment & cmet, drill & survey.

I hereby certify that the information above is true and complete to the best of my knowledge an	d belief.	 			
SKONATURE Barbara J. Balo	TITLE _	REgulatory	Analsyt	DATE _	07/20/00
TYPEOR FRINT NAME Barbara J. Bale			TELEPHONE NO.	(405) 8	348-8000
(This space for State Use)			·**		JUL 25 2000
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE -	9		DATE	