

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. 3  
30-025-35181

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Warehouse 10

8. Well No.

2

9. Pool name or Wildcat

NE Lovington Penn

**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 New Drilling Well

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 B : 1096 Feet From The N Line and 2444 Feet From The E Line

Section 10 Township 16S Range 36E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

GR: 3901'

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

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Spud; Surface Casing ☒

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.

08/11/00 Spud @ 12:00 p.m. w/Patterson Drlg Rig #48

08/11/00 RU csg crew, run 10 jts 13-3/8" 48# H-40 STC Csg @ 433', pump 20 BFW,  
cmt w/495 sx Cl. C + additives, 14.8 PPG, 1.34 Yield, WOC 22 hrs.,  
cut off, weld on head, test, NU, 3000# on 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 08/18/00

TYPE OR PRINT NAME Barbara J. Bale

TELEPHONE NO. (405) 848-8000

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: