

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.  
30-025-35190

5. Indicate Type of Lease  
STATE ☐ FEE ☒

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 ☐ GAS WELL ☐ OTHER New Drilling

2. Name of Operator  
Chesapeake Operating, Inc.

3. Address of Operator  
P. O. Box 18496, Okla. City, OK 73154-0496

4. Well Location  
Unit Letter D : 1299 Feet From The North Line and 557 Feet From The West Line

Section 14 Township 16S Range 36E NMPM Lea County

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

GR: 3880'

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: 9-5/8" Csg. ☒

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.

10/12/00 RU csg crew, run 104 jts, 9-5/8" 40# K-55 LTC Cst @4370', install cmt head & fill pipe, circ w/rig pump, RU BJ, cmt w/1475 sks of 35/65 Poz Cl. C + additives, 12.5 PPG, 2.04 yield, tail w/300 sks Cl. C, 14.8 PPG, 1.33 yield, 200 sks cmt returns, bump plug, floats held, displace w/329 BW, WOC 24 hrs.  
10/13/00 PU 13-3/8" stack, make rough cut on 9-5/8", LD same, LD stack, make final cut, install "B" section, install seals, test to 1500#, NU BOPs, test BOPs, choke manifold & floor 250#-5000#, test annular 250#-1500#, install wear bushing, PU bit & directional BHA, test, PU DC, TIH to TOC @ 4315', fill pipe, drill cmt 4315-4325'.

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 10-17-00

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

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT SUPERVISOR

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

CONDITIONS OF APPROVAL, IF ANY:

