Submit 3 Copies To Appropriate District Office	State of New Me		Form C-103
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240			L API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		25-35594
District III	1220 South St. Francis Dr.		dicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa PC, NW 6	7505 6. S	State Oil & Gas Lease No.
		UG BACK TO A OR SUCH	ease Name or Unit Agreement Name:
Oil Well 🔲 Gas Well 🔯 Other Dry – P&A		58	nmal 8
2. Name of Operator		8. W	fell No.
Chesapeake Operating, Inc.			1
3. Address of Operator		9. Pc	ool name or Wildcat
P.O. Box 18496, Okla. Cit 4. Well Location	ty, OK 73154-0496	Wil	dcat, Morrow
Unit Letter F : 1980	0 feet from the North	line and 1980	feet from theVestline
Section 8	Township 16S Ra	ange 33E NMP	M Lea County
.	Elevation (Show whether D		M Lea County
	: 4258	, me, m, on, on,	
	opriate Box to Indicate N	ature of Notice, Repor	t or Other Data
NOTICE OF INTEN	-	· • •	JENT REPORT OF:
		REMEDIAL WORK	
_	ANGE PLANS	COMMENCE DRILLING	
		CARING TEST AND	ABANDONMENT
	LTIPLE	CASING TEST AND CEMENT JOB	
OTHER:		OTHER:	
12. Describe proposed or completed oper starting any proposed work). SEE RU recompilation. 02/26/02 WOO, LD DCs, TIH 13650-13550'; LD DP, set LD DP. 02/27/02 Wait on pump true plug #5 @ 4295-4195' w/ @4180', LD 86 jts DP, set set plug #7 603'-403' wy csg head	JLE 1103. For Multiple Com open ended to plug. t 2nd plug 11650-115 ck, set plug #4 7200 50 sx cmt, pull 5 st et plug #6 @1600-150 /35 sx cmt, LD remai	RU LD machine, P 50', LD DP, set 3r -7100' w/40 sc cmt ds DP, WOC, TIH 4 00' w/ 35 sx cmt., nder of DP, ND, je	diagram of proposed completion or "U DP, circ, set plug "d plug 9300-9200', ", LD 93 jt DP, set stds DP, tag TOC LD 35 jts DP, "t cellar, cut off
	Per Barbara	7-9-0 Approved as	to when the first
S	Set 10 sx cmf r	1 Jud 12 Liahiller un 1	to plugging of the Well Bore.
	Set 10 sx cmt p surface. Set	markeurace resto	
		A.	
I hereby certify that the information above	is true and complete to the b	est of my knowledge and h	elief
SIGNATURE Barbare & Bal	TITLE	Regulatory Analyst	DATE 06/25/02
Type or print name Barbara J. Ba	1e		Telephone No. (405)848-800
(This space for State use)			
APPPROVED BY			
	TITLE	*	JANDATE 63

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