Submit 3 Copies To Appropriate District Office	Diate 01	State of New Mexico		Form C-103 Revised March 25, 1999	
District 1 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240			WELL API NO.		
District II			30-025-36036		
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type		
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410				STATE	X FEE □
District IV Santa Fe, INM 87303			6. State Oil & C	Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
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.)				7. Lease Name of	r Unit Agreement Name:
1. Type of Well: Oil Well Gas Well X Other New Drilling				Hampton 1	
2. Name of Operator				8. Well No.	7
Chesapeake Operating, Inc.				1	1
3. Address of Operator				9. Pool name or Undesignated	Wildcat
P. O. Box 18946, Okla. City, OK 73154-0496				Mississippia	n Adserti
4. Well Location					
Unit Letter N	: 660 feet from the	Sout	h line and	2050 feet fro	om the <u>West</u> line
Section 1			ange 35E	NMPM Lea	County
	10. Elevation (Show GR: 39)K, KKB, KI, GK, et	c.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK		и 🗆	REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON] CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING [MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ND [
OTHER:			OTHER: 8-5/	8" Casing	ř
12.5 PPG, 2.04 y	SEE RULE 1103. For Morew, run 101 jts 8- ccrew, pump 18 Braield, tail w/200 set slips, cut off ar 250#-2500#, tes	ultiple Con 5/8" 32; FW space sx C1. (8-5/8" (mpletions: Attach w # J-55 STC csg er, cmt w/1200 C + additives, csg, NU "B" se	wash to bot sx 35:65 Poz 14.8 PPG, 1. ection, test to choke maniful	tom, circ, RD + additives, 34 yield, RD 61500#, NU & test
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					,
I hereby certify that the information	on above is true and comp	lete to the	best of my knowled	ge and belief.	
SIGNATURE Barbara	J Bale	_TITLE_	Regulatory A	Analyst	DATE_12/02/02
Type or print name Barbara	, J. Bale			Telep	phone No. (405) 848-8000
(This space for State use)					
		MAL SIGH			DARCO O DOM
APPPROVED BY	OARY	<u>valtybb:</u> K	S-FORCING H <mark>/STA</mark>	TO AMANGA TO LO	DADEC 0 9 2002
Conditions of approval, if any:	5.5. 基)符机	Main かたでは代表 -	15 million (14)/54/60	ern rank skalestys	
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