Submit 3 Copies To Appropriate District Office		State of New Mexico		Form C-103	
District 1	Energy, Minerals and Natural Resources		Revised March 25, 1999		
1625 N. French Dr., Hobbs, NM 88240 District II				WELL API NO.	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-025-27932 5. Indicate Type of Leas	Α
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			• • • • • • • • • • • • • • • • • • • •	FEE [X]
District IV	Santa Fe, NM 87505			6. State Oil & Gas Leas	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOT	ICES AND REPORTS			7. Lease Name or Unit A	greement Name:
(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.)	(	,-		C1.	
1. Type of Well: Oil Well 🔀 Gas Well [ Other				Shamu	
2. Name of Operator	] Other			8. Well No.	
Chesapeake Operating, Inc.				1	
3. Address of Operator				9. Pool name or Wildcat	
P. O. Box 18496 Oklahoma City, OK 73154-0496				Skaggs Drinkard	
4. Well Location					
Unit Letter A	: 990 feet from th	. North	Constant	000 6 6 4	T
Offit Letter 11	. 300 leet from th	le NOT LII	line and	990feet from the	East line
Section 12	Township	20S Ra	inge 37E	NMPM Lea Coun	tv
	10. Elevation (Show				
	GR: 3565				
		Indicate N		Report or Other Data	
	NTENTION TO:	=		SEQUENT REPORT	
PERFORM REMEDIAL WORK	PLUG AND ABANDO	ж П	REMEDIAL WOR	K [] ALTER	RING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR		
PULL OR ALTER CASING	MULTIPLE CASING TEST A				DONMENT
T SEE STATE OF CONTOURS	COMPLETION	LJ	CEMENT JOB		
OTHER:			OTUED.		
12. Describe proposed or complet	ad aparations (Classics	tata all marti	OTHER:		
starting any proposed work). S recompilation.	SEE RULE 1103. For M	ultiple Com	pletions: Attach we	ve pertinent dates, including ellbore diagram of proposed	g estimated date of licompletion or
Chesapeake Operating	The proposes t	to perfor	ate the Upper	n Plincher 50/11 61	•
fracture the zone &	commingle with ex	xisting T	ubb & Drinka	rd. rd.	,
	Johnney To William Co	aroting 1	idob b dilikal	L U •	
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				9 <b>CD</b>	<i>[2]</i>
				12000	369/
hereby certify that the information	above is true and comp	lete to the be	est of my knowledg	ge and belief.	
SIGNATURE CHILLY.	M Ealer T	_ TITLE <u>A</u>	sset Manager	DATE	08/13/02
Type or print name Andrew	J. McCalmont			Telephone No	. (405) 848–80
(This space for State use)			L SICNED BY	***	2.28
GAR			ARY W. WINK		
APPPROVED BY		MODELELL	REPRESENTATIV	E II/STAFF MANAGER TE	
Conditions of approval, if any:					