Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 88240 District II	bs, NM 88240		WELL API NO.	
1301 W. Grand Ave., Artesia, NM 88210	nd Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-025-29048	
District III 1220 South St. Francis Dr.		ncis Dr.	5. Indicate Type of Lease STATE FEE TX	
District IV	Brazos Rd., Aztec, NM 87410 V Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name of Onit Agreement Name:	
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ATION FOR PERMIT" (FORM C-101) F	OR SUCH		
1. Type of Well:				
	Other		Christmas	
2. Name of Operator			8. Well No.	
Chesapeake Operating,	Inc.		002	
3. Address of Operator			9. Pool name or Wildcat	
P. O. Box 18496, Oklahoma City, OK 73154-0496 4. Well Location			Monument Tubb	
4. Well Location				
Unit Letter A : 380 feet from the North line and 420 feet from the East line				
ome better_A	300 leet from the Moren	illie allu	feet from the East line	
Section 7 Township 20S Range 38E NMPM Lea County				
10. Elevation (Show whether DR, RKB, RT, GR, etc.)				
GR: 3567.5'				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ ALTERING CASING ☐	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND		
PULL OR ALTER CASING	MULTIPLE	ABANDONMENT CASING TEST AND		
	COMPLETION	CEMENT JOB		
OTHER:	П	OTHER: Add I	Perfs in existing permitted paol	
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. For Multiple Completions: Attach wellbore diagram of proposed completion or				
recompilation.				
08/01/02 RU WL, RIH, run correlation log, RIH & perf Blinebry 6034-48, 54, 58; POOH, PU				
pkr & plug, RIH, leave pkr & plug @5800', prepare to acidize, SDFN				
08/02/02 RIH to 6300' w/plug, pull up to 6087', set pkr, tie on to acidize, pump 500# salt				
blk, 500 gal acid, 500# salt, 500# gal acid, 500# salt, RIH				
w/40 bbls of flush, pressure up, pkr @5998', plug @6078', RIH w/1000 gal acid, 500 bbls salt, 1000 gal acid flush w/40 bbls, pressure up to 3200# on acid, when block hit				
perfs pressure @2300#, SD, went on vacuum, 3rd stg, pkr @5800', plug @6000', pump 1000				
gal acid, 500# salt, 1000 gals acid w/40 bbls flush, state 3700# acid hit perfs, 3145#				
when block hit, 3525# @ 5.7BPM, after flush pressure @3535#, ISP 1800#, 2 min on vacuum,				
RD, rlse pkr, drop down release plug, POOH, LD pkr, PU 4 3-1/2" DCs & 4-3/4" bit, RIH				
to 5800'				
08/06/02 LD workstrong,	RIH $w/$ 175 jts 2-3/8" t	bg, remove BOI	P, set TAC w/12 pts, flange well	
up, RTP		"		
08/07/02 RIH w/pump & rods, load w/18 BW, test to 500#				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE Barbare J. Bale TITLE REgulatory Analyst DATE 11/07/02				
V				
Type or print name Barbara J.  (This space for State use)	рате	<del> </del>	Telephone No(405)848-8000	
(This space for state use)			NOV 1 0 3802	
APPPROVED BY	TITLE		DATE	
Conditions of approval, if any:	# 1 # # # # # # # # # # # # # # # # # #		——————————————————————————————————————	