

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

| | | |
|--|------------------------------|-------------------------------|
| 1. Operator Name and Address CHESAPEAKE OPERATING, INC. P. O. BOX 18496 OKLAHOMA CITY, OK 731540496 | | 2. OGRID Number 147179 |
| | | 3. API Number 30-025-38729 |
| 4. Property Code 36964 | 5. Property Name OWENS 34 | 6. Well No. 001 |

7. Surface Location

| | | | | | | | | | |
|----------|---------|----------|-------|---------|-----------|----------|-----------|----------|--------|
| UL - Lot | Section | Township | Range | Lot Idn | Feet From | N/S Line | Feet From | E/W Line | County |
| B | 34 | 14S | 35E | B | 660 | N | 1830 | E | LEA |

8. Pool Information

| | |
|-----------------------------|-------|
| MORTON, MISSISSIPPIAN (GAS) | 96593 |
|-----------------------------|-------|

Additional Well Information

| | | | | |
|---|-----------------------------|--|---------------------------|---|
| 9. Work Type New Well | 10. Well Type GAS | 11. Cable/Rotary | 12. Lease Type Private | 13. Ground Level Elevation 4004 |
| 14. Multiple N | 15. Proposed Depth 13850 | 16. Formation Mississippi Limestone | 17. Contractor | 18. Spud Date 2/10/2008 |
| Depth to Ground water 51 | | Distance from nearest fresh water well > 1000 | | Distance to nearest surface water > 1000 |
| Pit: Liner: Synthetic <input checked="" type="checkbox"/> 12 _____ miles thick Clay <input type="checkbox"/> Pit Volume: 12129 _____ bbls Drilling Method: Closed Loop System <input type="checkbox"/> Fresh Water <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Diesel/Oil-based <input type="checkbox"/> Gas/Air <input type="checkbox"/> | | | | |

19. Proposed Casing and Cement Program

| Type | Hole Size | Casing Type | Casing Weight/ft | Setting Depth | Sacks of Cement | Estimated TOC |
|------|-----------|-------------|------------------|---------------|-----------------|---------------|
| Surf | 17.5 | 13.375 | 48 | 500 | 460 | 0 |
| Int1 | 12.25 | 9.625 | 40 | 4600 | 1425 | 500 |
| Prod | 8.75 | 5.5 | 17 | 13850 | 2065 | 11500 |

Casing/Cement Program: Additional Comments

13 3/8 48# H-40 ST&C surf csg set @ 500 w/175 sx 35.65 Poz C, tail in w/ 285 sx C1C, 1.35 yld. 9 5/8 40# J-55 LT&C inter csg set @ 4600 w/1165 sx 35.65 Poz C, tail in w/260 sx C1C, 1.35 yld. 5 1/2 17# P-110 LT&C prod csg set @ 13850 w/675 sx 35.65 Poz C, tail in w/100 sx C1C, tail in w/1290 sx C1H, 1.67 yld.

Proposed Blowout Prevention Program

| Type | Working Pressure | Test Pressure | Manufacturer |
|-----------|------------------|---------------|--------------|
| Annular | 3000 | 3000 | |
| DoubleRam | 5000 | 5000 | |

| | | |
|---|---------------------------------|----------------------------|
| I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that the drilling pit will be constructed according to NMOCB guidelines <input checked="" type="checkbox"/> a general permit <input type="checkbox"/> or an (attached) alternative OCB-approved plan <input type="checkbox"/>. | OIL CONSERVATION DIVISION | |
| | Approved By: Paul Kautz | |
| | Title: Geologist | |
| | Approved Date: 1/31/2008 | Expiration Date: 1/31/2010 |
| | Conditions of Approval Attached | |

| | |
|--|---------------------|
| Printed Name: Electronically filed by Brenda Coffman | |
| Title: Sr. Regulatory Comp. Spec. | |
| Email Address: bcoffman@chkenergy.com | |
| Date: 1/30/2008 | Phone: 817-556-5825 |

District I
 1625 N. French Dr., Hobbs, NM 88240
 Phone:(505) 393-6161 Fax:(505) 393-0720

District II
 1301 W. Grand Ave., Artesia, NM 88210
 Phone:(505) 748-1283 Fax:(505) 748-9720

District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
 1220 S. St Francis Dr., Santa Fe, NM 87505
 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
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Santa Fe, NM 87505

Form C-102
 Permit 65299

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | |
|-------------------------------|--|--|
| 1. API Number 30-025-38729 | 2. Pool Code 96593 | 3. Pool Name MORTON MISSISSIPPIAN (GAS) |
| 4. Property Code 36964 | 5. Property Name OWENS 34 | 6. Well No. 001 |
| 7. OGRID No. 147179 | 8. Operator Name CHESAPEAKE OPERATING, INC. | 9. Elevation 4004 |

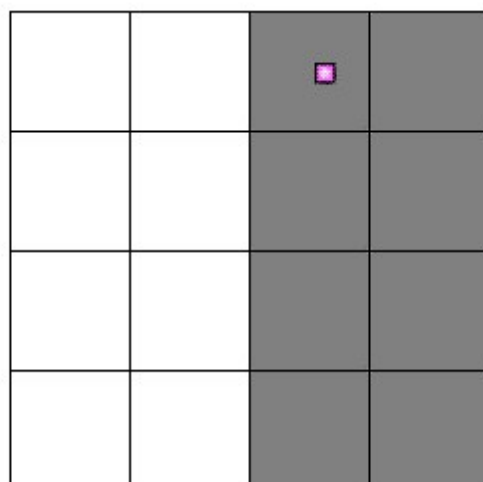
10. Surface Location

| UL - Lot | Section | Township | Range | Lot Idn | Feet From | N/S Line | Feet From | E/W Line | County |
|----------|---------|----------|-------|---------|-----------|----------|-----------|----------|--------|
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11. Bottom Hole Location If Different From Surface

| UL - Lot | Section | Township | Range | Lot Idn | Feet From | N/S Line | Feet From | E/W Line | County |
|-------------------------------|---------|---------------------|-------|------------------------|-----------|---------------|-----------|----------|--------|
| 12. Dedicated Acres 320.00 | | 13. Joint or Infill | | 14. Consolidation Code | | 15. Order No. | | | |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

E-Signed By: Brenda Coffman
 Title: Sr. RegulatoryComp. Spec.
 Date: 1/30/2008

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Surveyed By: Ronald J Eidson
 Date of Survey: 11/30/2007
 Certificate Number: 3239

Permit Conditions of Approval

Operator: CHESAPEAKE OPERATING, INC. , 147179

Well: OWENS 34 #001

API: 30-025-38729

| OCD Reviewer | Condition |
|-----------------|---|
| pkautz | Pit construction and closure must satisfy all requirements of your approved plan, D.C.D. Rule 19.15.2.50, and the Pit and Below-Grade Tank Guidelines |