District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 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
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
August 1, 2011

Permit 155009

WELL API NUMBER	30-025-40551
5. Indicate Type of Lease	S
6. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: O	7. Lease Name or Unit Agreement Name: MCCLOY RANCH 2 24 32 STATE COM
	8. Well Number: 001H
2. Name of Operator: CHESAPEAKE OPERATING, INC.	9. OGRID Number: 147179
3. Address of Operator: P.O. Box 18496 , Oklahoma City, OK 73154	10. Pool name or Wildcat: See Area 13

4. Well Location
Unit Letter N : 100 feet from the S line and 1980 feet from the W line
Section 2 Township 24S Range 32E NMPM Lea County

11. Elevation (Show whether DR, KB, BT, GR, etc.): 3616 GR

Pit or Below-grade Tank Application ☐ or Closure ☐
Pit Type _____ Depth to Groundwater_____ Distance from nearest fresh water well_____ Distance from nearest surface water_____
Pit Liner Thickness:_____ mil Below-Grade Tank: Volume_____ bbls; Construction Material_____

12. 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 ☐	ALTER CASING ☐
TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
Other:		Other: **Perforations/Tubing**	☒

13. 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 recompletion.

Perforations

Pool: TRISTE DRAW;BONE SPRING , 96603 Location: C -2-24S-32E 165 N 1980 W

TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
10072	14350	N	6		Sand/Water	Frac	

Tubing

TRISTE DRAW;BONE SPRING , 96603

Tubing Size	Type	Depth Set	Packer Set
2.25	L-80	8992	8982

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE Regulatory Specialist II DATE 9/17/2012

Type or print name Bryan Arrant E-mail address bryan.arrant@chk.com Telephone No. 405-935-3782

For State Use Only:

APPROVED BY: Paul Kautz TITLE Geologist DATE 9/17/2012 12:58:39 PM