District I Form C-103 State of New Mexico 1625 N. French Dr., Hobbs, NM 88240 August 1, 2011 Phone:(575) 393-6161 Fax:(575) 393-0720 **Energy, Minerals and Natural** District II Permit 154351 811 S. First St., Artesia, NM 88210 Resources WELL API NUMBER Phone:(575) 748-1283 Fax:(575) 748-9720 District III 30-015-40341 Oil Conservation Division 1000 Rio Brazos Rd., Aztec, NM 87410 Indicate Type of Lease Phone:(505) 334-6178 Fax:(505) 334-6170 1220 S. St Francis Dr. District IV 2 1220 S. St Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462 6. State Oil & Gas Lease No. SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name PLU REMUDA BASIN 32 23 30 (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 STATE PROPOSALS.) 8. Well Number 1. Type of Well:O 001H 9. OGRID Number 2. Name of Operator CHESAPEAKE OPERATING, INC. 147179 10. Pool name or Wildcat 3. Address of Operator P.O. Box 18496, Oklahoma City, OK 73154 See Area 13 4. Well Location Unit Letter M 150 feet from the S line and 660 feet from the 1ine **23S** Range Township 30E NMPM Eddy County 11. Elevation (Show whether DR, KB, BT, GR, etc.) 3241 GR Pit or Below-grade Tank Application or Closure Distance from nearest fresh water well Depth to Groundwater\_ Distance from nearest surface water\_ Below-Grade Tank: Volume\_\_\_ Pit Liner Thickness:\_ mil 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. DPLUG AND ABANDON D PULL OR ALTER CASING | MULTIPLE COMPL CASING/CEMENT JOB Other: X 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: FORTY-NINER RIDGE BONE SPRING, WEST, 96526 Location: D -32-23S-30E 230 N 660 W TOP BOT Open Hole Shots/ft Shot Size Material Stimulation Amount 8408 12827 Sand/Water N 6 Frac Tubing FORTY-NINER RIDGE BONE SPRING, WEST, 96526 Tubing Size Depth Set Packer Set Type 2.875 L-80 7446 7419 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  $\square$ , a general permit  $\square$  or an (attached) alternative OCD-approved plan  $\square$ . SIGNATURE Electronically Signed TITLE Regulatory Specialist II DATE 8/31/2012

E-mail address bryan.arrant@chk.com Telephone No. 405-935-3782

DATE 9/18/2012 11:55:13 AM

TITLE District Supervisor

Type or print name Bryan Arrant

APPROVED BY: Randy Dade

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