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
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
Permit 32785

WELL API NUMBER
30-025-37616

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
KELLER 33 STATE

8. Well Number
002

2. Name of Operator
CHESAPEAKE OPERATING, INC.

9. OGRID Number
147179

3. Address of Operator
P. O. BOX 18496 , OKLAHOMA CITY , OK 731540496

10. Pool name or Wildcat
See Area 13

4. Well Location
Unit Letter A : 676 feet from the N line and 649 feet from the E line
Section 33 Township 23S Range 34E NMPM Lea County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3479 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.

3/17/Perf.Delaware 8464-8568,1 spf,41 holes. Spt200 gals 7.5% NeFeacid @ 8568w/48 bbls 2% KCL.Acidw/1,500 gals 7.5%NeFe+60 BS.3/21 Frac 8464-8568w/10,000 gals pad of Med.3000 gel,26,498 gals sdladen+68,120#16/30 wh.sd. 3/23Perf 7193-7267, 1 spf, 37 holes.3/24 Acid.w/200 gals 7.5% NeFe @ 7267 w/40 bbls 2% KCL. Acid.7193-7267 w/1300 gals7.5% NeFe+60 BS 3/28 frac 10000 gal pad of Med.+ 11,802 gals 30# linear gel +16278# 16/30 wh sd. + 10,000 gals of same w/68,262# 16/30 wh sd.3/31/06 perf 7021-7039. Acid, frac 10,000 gals same

Perforations

Pool: BELL LAKE;DELAWARE, EAST , 96322 Location: A -33-23S-34E 676 N 649 E

TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
8464	8568	Y	1	0.42	Sand	Frac	26498
7193	7267	Y	1	0.42	Sand	Frac	27720
7021	7039	Y	2	0.42	Sand	Frac	66740
6887	6889	Y	4	0.42	Sand	Acid	1000

Tubing

WILDCAT 03 S152631G;DELAWARE (O) , 96745

Tubing Size	Type	Depth Set	Packer Set
2.875	N80	7083	

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 Analyst DATE 6/22/2006

Type or print name Brenda Coffman E-mail address bcoffman@chkenergy.com Telephone No. 432-685-4310

For State Use Only:

APPROVED BY: Paul Kautz TITLE Geologist DATE 6/22/2006 3:12:34 PM

Tubing Comments

OGRID: [147179] CHESAPEAKE OPERATING, INC.
Permit Number: 32785
Permit Type: Tubing

Created By	Comment	Comment Date
pkautz	Correct pool name is Bell Lake;Delaware, East (Poolid 96322)	6/22/2006
pkautz	Listing just one formation top for the Bone Spring is insufficient	6/22/2006