

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

Form C-140
Permit 84748
Revised June 10, 2003

Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505
(505) 476-3440

APPLICATION FOR
WELL WORKOVER PROJECT

I. Operator and Well:

Operator name & address CHESAPEAKE OPERATING, INC. P. O. BOX 18496 OKLAHOMA CITY OK 731540496						OGRID Number 147179		
Contact Party Trebort Nall						Phone 405-879-7529		
Property Name MALAGA C				Well Number 003		API Number 30-015-27449		
UL - Lot	Section	Township	Range	Feet From The	North/South Line	Feet From The	East/West Line	County
N	36	23S	28E	990	S	1980	W	Eddy

II. Workover:

Date Workover Commenced: 12/4/2007	Previous Producing Pool(s) (Prior to Workover): CULEBRA BLUFF,ATOKA, SOUTH (GAS) , CULEBRA BLUFF,BONE SPRING, SOUTH
Date Workover Completed: 12/22/2007	

III. Attach a description of the Workover Procedures performed to increase production.

IV. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.

III. Attach a description of the Workover Procedures performed to increase production.

V. Signature:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
Signature	Electronically Signed	Title	Sr. Regulatory Comp. Spec.	Date	11/6/2008
Type or print name		Brenda Coffman		E-mail address	bcoffman@chkenergy.com Telephone No. 817-556-5825

FOR OIL CONSERVATION DIVISION USE ONLY:

VI. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on: 12/22/2007

Signature District Supervisor: Tim Gum District 2 Date 11/10/2008

VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 11/10/2008