

C-103 Received 7-19-2006

DHC No. Assigned 8-1-2006

PNRM 0621355384

Order Number	API Number	Operator	County			
HOB-0152	30-025-36793	Chesapeake Operating Inc.	Lea			
Order Date	Well Name	Number	Location			
	Bourdon 18	004	J UL	18 Sec	20S T (+Dir)	39E R (+Dir)
		Oil %	Gas %			
Pool 1	06660	BLinebry Oil & Gas (Oil)	70%			
Pool 2	87085	Warren Tubb, East	30%			
Pool 3						
Pool 4						
Comments: Work completed effective _____ Work cancelled effective _____ supplement _____						

Posted to
RBB m &
8-1-2006

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1200 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.	30-025-36793
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Bourdon 18	
8. Well Number	004
9. OGRID Number	147179
10. Pool name or Wildcat Blinebry Oil & Gas	

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
Chesapeake Operating, Inc.

3. Address of Operator
P. O. Box 11050
Midland, TX 79702-8050

4. Well Location
Unit Letter J : 1980 feet from the South line and 1980 feet from the East line
Section 18 Township 20S Range 39E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3547' 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: Down Hole Co-Mingle <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Chesapeake, respectfully, request permission to down hole co-mingle this well per co-mingle order #R11363. This lease is on private land and all working and royalty interest are the same for each zone. Co-mingling will not reduce the value of the production. The allocation method is from well test at inception of each zone.

The percent of production for the oil and gas for each zone is as follows:

Warren;Tubb, East 30% Pool Code: 87085 Perfs: 6701 - 6878
 Blinebry Oil and Gas 70% Pool Code: 06660 Perfs: 6044 - 6068



DHC Order No. HOB-0152

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 Brenda Coffman TITLE Regulatory Analyst DATE 07/17/2006

or print name Brenda Coffman E-mail address: bcoffman@chkenergy.com Telephone No. (432)687-2992

APPROVED BY: [Signature] TITLE PETROLEUM ENGINEER DATE AUG 01 2006
 Conditions of Approval (if any): _____

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
511 South First, Artesia, NM 88210

DISTRICT III
100 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised March 17, 1999

Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, New Mexico 87504-2088

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-36793	Pool Code 87085	Pool Name Warren Tubb East
Property Code 300218	Property Name BOURDON "18"	Well Number 4
OGRID No. 147179	Operator Name CHESAPEAKE OPERATING INC.	Elevation 3522'

Surface Location

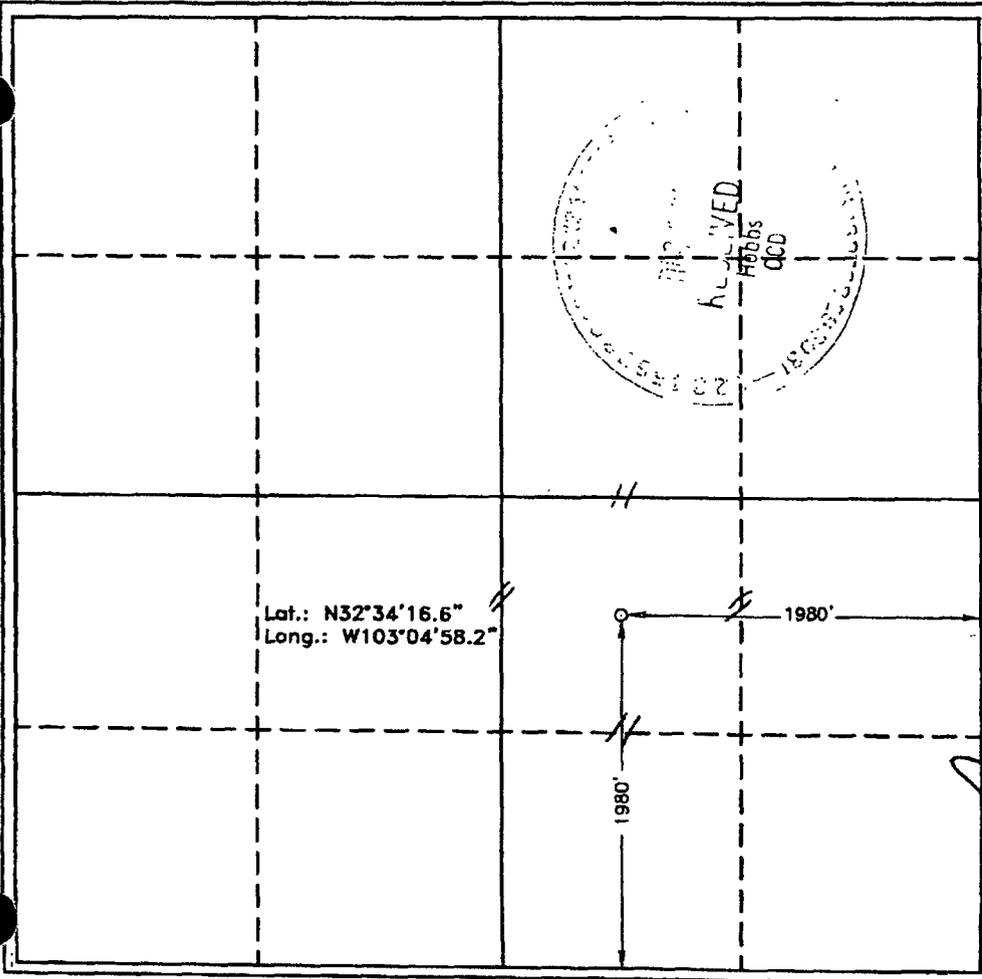
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
J	18	20 S	39 E		1980'	SOUTH	1980'	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres 40	Joint or Infill	Consolidation Code	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.

Brenda Coffman
Signature
Brenda Coffman
Printed Name
Regulatory Analyst
Title
12-9-04
Date

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.

JUNE 4, 2004
Date Surveyed
L. JONES
Signature & Seal of Professional Surveyor
W.O. No. 4653
Certificate No. Gary Hallam Jones 7977
JLP
BASIN SURVEYS

2010 Rankin Hwy
Midland, TX 79701
Phone: (432)687-2992 Ext 6032
Fax: (432)687-4112



Fax

To: <i>Nelda</i>	From: Brenda Coffman
Fax: <i>505 393-0720</i>	Date:
Phone:	Pages:
Re:	CC:

- Urgent
- For Review
- Please Comment
- Please Reply

COMMENTS: