

Office

Revised June 10, 2003

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

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

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-005-63566

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Tolmack State

8. Well Number

6

9. OGRID Number

147179

10. Pool name or Wildcat

Pecos Slope; Abo (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 18496, Oklahoma City, OK 73154-0496

4. Well Location

Unit Letter L : 1980 feet from the South line and 660 feet from the West lineSection 36Township 9SRange 25E

NMPM

Chaves County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

GL: 3649'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☒PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐OTHER: ☐

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.

Change Contractor & proposed casing & cement program

Chg 8-5/8" casing to 24#, 0-500' sx cmt, est. TOC to surface - WITH LOSS
Chg 4-1/2" Est. TOC to 3500'

Drilling contractor is United #23.

Cement to cover all oil, gas and water bearing zones.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Barbara J. Bale

TITLE Regulatory Analyst

DATE 09/05/03

Type or print name Barbara J. Bale

E-mail address:

Telephone No. (405) 848-8000

(This space for State use)

APPROVED BY

Jim W. Burns

TITLE

SUPERVISOR, DISTRICT II

DATE

SEP 09 2003

Conditions of approval, if any: