

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

**OCD-ARTESIA**

FORM APPROVED  
OMB NO 1004-0135  
Expires July 31, 2010



**SUNDARY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1 Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5 Lease Serial No. NMNM0555569
2 Name of Operator CHESAPEAKE OPERATING, INC.		6 If Indian, Allottee or Tribe Name
Contact LINDA GOOD E-Mail lgood@chkenergy.com		7 If Unit or CA/Agreement, Name and/or No NMNM70946A
3a Address PO BOX 18496 OKLAHOMA CITY, OK 73154-0496	3b Phone No (include area code) Ph: 405-767-4275 Fx: 405-753-5469	8 Well Name and No EMPIRE S DEEP 5
4 Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 31 T17S R29E SWNE 1980FNL 2180FEL		9 API Well No 30-015-21279-00-S1
NOV 05 2007 OCD-ARTESIA		10 Field and Pool, or Exploratory EMPIRE
		11 County or Parish, and State EDDY COUNTY, NM

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13 Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompletable horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletable in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

8/29/2007 ACIDIZE MORROW FROM 10,510'-10,708' W/1500 GAL 7 1/2% HCL FRAC W/118000 SCF N2, PUMP 35,000 SCF PAD, 1500 GAL 7 1/2% HCL, 118,000 SCF N2, PUMP 35,000 SCF PAD, 1500 GAL ACID W/750 - 1000 SCF N2 PER BBL, FLUSH W/40 BBL 7% KCL.

RETURNED WELL TO PRODUCTION.

(CHK PN 890429)

14 I hereby certify that the foregoing is true and correct	
Electronic Submission #56871 verified by the BLM Well Information System For CHESAPEAKE OPERATING, INC., sent to the Carlsbad Committed to AFMSS for processing by KURT SIMMONS on 10/24/2007 (08KMS0148SE)	
Name (Printed/Typed) LINDA GOOD	Title FEDERAL REGULATORY ANALYST
Signature (Electronic Submission)	Date 10/24/2007

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <b>ACCEPTED</b>	DAVID R GLASS Title PETROLEUM ENGINEER	Date 10/31/20
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon		Office Carlsbad

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

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  
1220 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



<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-35709
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator EOG Resources, Inc		6. State Oil & Gas Lease No. B-6570
3. Address of Operator P.O. Box 2267 Midland, Texas 79702		7. Lease Name or Unit Agreement Name Lobo State
4. Well Location Unit Letter: H: 1650 feet from the North line and 330 feet from the East line Section 11 Township 18S Range 29E NMPM County: Eddy		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3516		9. OGRID Number 7377
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
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:

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

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/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.

EOG Resources, Inc. ("EOG") respectfully requests a well name change to the following:

**LOBO STATE COM No. 1H**

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 Donny J. Glanton TITLE: Sr. Lease Representative DATE: 10/31/2007

Type or print name E-mail address: donny\_glanton@eogresources.com Telephone No. (432) 686-3642  
**For State Use Only**

APPROVED BY: FOR RECORDS ONLY TITLE \_\_\_\_\_ DATE NOV 05 2007  
Conditions of Approval (if any):

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-402  
Revised October 12, 2005  
Submit to Appropriate District Office  
State Lease- 4 Copies  
Fee Lease- 3 Copies

☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number <b>30-015-35709</b>	Pool Code <b>96403</b>	Pool Name <b>Wildcat ; Bone Springs</b>
Property Code <b>36610</b>	Property Name <b>LOBO STATE COM</b>	Well Number <b>1 H</b>
OGRID No. <b>7377</b>	Operator Name <b>EOG RESOURCES, INC.</b>	Elevation <b>3516'</b>

Surface Location

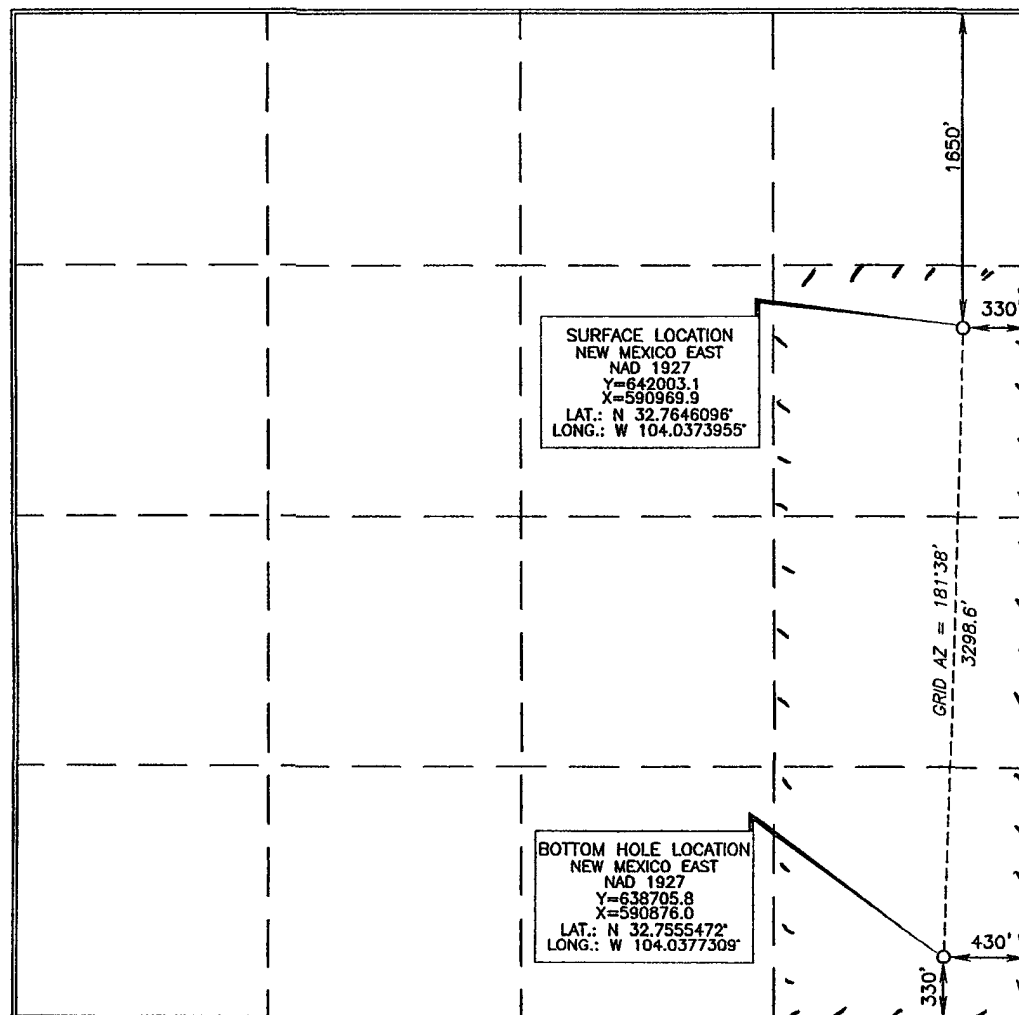
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<b>H</b>	<b>11</b>	<b>18 SOUTH</b>	<b>29 EAST, N.M.P.M.</b>		<b>1650'</b>	<b>NORTH</b>	<b>330'</b>	<b>EAST</b>	<b>EDDY</b>

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
<b>P</b>	<b>11</b>	<b>18 SOUTH</b>	<b>29 EAST, N.M.P.M.</b>		<b>330'</b>	<b>SOUTH</b>	<b>430'</b>	<b>EAST</b>	<b>EDDY</b>

Dedicated Acres <b>120</b>	Joint or Infill	Consolidation Code	Order No.
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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, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Danny G. Glanton* 10/29/07

Signature

Date

*Danny G. Glanton*

Printed Name

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of a duly qualified surveyor made by me or under my supervision, and that the same is true and correct to the best of my belief.

JUN 25, 2007

Date of Survey

Signature and Seal of Professional Surveyor

*Terry J. Ouel* 10-29-2007  
Certificate Number 15079

WO# 070625WL-REV. A (KA)