

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

WELL API NO.	30-025-37204
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 CSW 17	
8. Well Number	001
9. OGRID Number	147179
10. Pool name or Wildcat Wildcat S163617J;Morrow (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 Dry

2. Name of Operator
Chesapeake Operating, Inc.

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

4. Well Location
Unit Letter N : 475 feet from the South line and 2185 feet from the West line
Section 17 Township 16S Range 36E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3932 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:

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.

7/30/05 Logged well: Quad Combo; GR/Neutron

7/31/05 1st plug: 12,400' - 12,300', pump 25 sx Premium. 2nd plug: 11,055' - 10,955', pump 40 sx cmt. 3rd plug 9,630' - 9,530', pump 30 sx Premium. 4th plug 7,615' - 7,515', pump 30 sx Premium, 5th plug 6,395' - 6,295', pump 25 sx Premium, 6th plug 4,390' - 4,290', pump 60 sx Premium Plus + 2% CaCl₂. WOC.

8-01-05 Tag cmt @ 4,290' w/10,000#, plug OK. 7th plug 2,050' - 1,950', 30 sx Premium Plus. 8th plug 532' - 432' 30 sx Premium Plus. WOC. TIH w/DP, tag cmt plug @ 432' w/2000#, OK. Set 9th plug 100' - 0'. 30 sx Premium Plus. LD DP, ND BOP, cut off wellhead, fill csg w/cmt, install surface location marker, wash mud pits, RD, release Nabors Drilling rig # 311 @ 5:00 a.m. on 8/1/05.

Approved as to plugging of the Well Bore.

Liability under bond is retained until
surface restoration is completed.

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Brenda Coffman TITLE Regulatory Analyst DATE 08/03/2005

Type or print name Brenda Coffman
For State Use Only

E-mail address: bcoffman@chkenrg.state.nm.gov Telephone No. (432)687-2992

OC FIELD REPRESENTATIVE / STAFF MANAGER

APPROVED BY: Larry W. Wink TITLE _____ DATE AUG 15 2005
Conditions of Approval (if any): _____