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

Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
Permit 48043

WELL API NUMBER
30-025-38216

5. Indicate Type of Lease
S

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name
KELLER 11 STATE

1. Type of Well:O

8. Well Number
001Y

2. Name of Operator
CHESAPEAKE OPERATING, INC.

9. OGRID Number
147179

3. Address of Operator
P. O. BOX 18496 , OKLAHOMA CITY , OK 731540496

10. Pool name or Wildcat

4. Well Location
Unit Letter E : 1880 feet from the N line and 330 feet from the W line
Section 11 Township 23S Range 34E NMPM Lea County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3368 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 ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTER CASING ☐
TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
Other:		Other: **Drilling/Cement**	☒

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.

2/11/07 TIH w/perf gun to plug @ 3347', Perf csg @ 3341-3343'. SIW W/blind rams, pump through kill line to est. inj. rate for cmt job.2/12 Cmt w/100 sx Cl C+add.2/13 Drill cmt to plug @ 3336, circ. Drl cmt to plug @ 3336,circ.Drill CBP&flt collar @ 3338'.12/19Spot 55 BO w/2 drums PipeLax, pmp 40bbls out.2/21 Work pipe free.TOOH LD 32 jts 7 5/8" csg. Run 7 5/8" csg to 4325', circ. Fished. 2/26 Circ inside 7 5/8" csg on top of flt col., drl float col, wash dn to top of float shoe, tag shoe @4319', circ. Cmt. w 50sx 35:65:6 Poz + additives,tail w/150 sx Cl C + add. WOC 24 hrs.TOC @ 4257' (tagged**12/20/2006** Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
12/23/06	Surf	FreshWater	17.5	13.375	54.5	H55	0	1474	1335	1.34	C		1500	0	Y
02/09/07	Int1	Brine	11	9.625	40	J-55	0	3429	100	1.34	C		1500	0	Y
02/26/07	Int2	CutBrine	8.75	7.625	33.7	P110	4257	4325	200	2.1	Cl. C		1660	0	Y

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 Electronically Signed TITLE Regulatory Analyst DATE 3/9/2007

Type or print name Brenda Coffman E-mail address bcoffman@chkenergy.com Telephone No. 432-685-4310

For State Use Only:

APPROVED BY: Chris Williams TITLE District Supervisor DATE 3/9/2007 10:51:46 AM