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
(505) 476-3440

Form C-140
Permit 55474
Revised June 10, 2003

APPLICATION FOR WELL WORKOVER PROJECT

I. Operator and Well:

Operator name & address							OGRID Number
CHESAPEAKE OPERATING, INC. P. O. BOX 18496 OKLAHOMA CITY OK 731540496							147179
Contact Party Greg Pichler							Phone 405-767-4783
Property Name TELEDYNE 17				Well Number 001			API Number 30-015-22553
UL - Lot	Section	Township	Range	Feet From The	North/South Line	Feet From The	East/West Line	County
N	17	23S	29E	660	S	1980	W	Eddy

II. Workover:

Date Workover Commenced:	Previous Producing Pool(s) (Prior to Workover):
6/17/2006	HARROUN RANCH;DELAWARE, NE , LAGUNA SALADO; BONE SPRING , HARROUN RANCH;DELAWARE , LAGUNA SALADO;ATOKA (GAS)
Date Workover Completed: 6/18/2006	

III. Attach a description of the Workover Procedures performed to increase production.

IV. Attach a production decline curve or table showing at least twelve months of production prior to the workover and at least three months of production following the workover reflecting a positive production increase.

III. Attach a description of the Workover Procedures performed to increase production.

V. Signature:

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

Signature Electronically Signed Title Sr. RegulatoryComp. Spec. Date 4/30/2008

Type or print name Brenda Coffman E-mail address bcoffman@chkenergy.com Telephone No. 817-556-5825

FOR OIL CONSERVATION DIVISION USE ONLY:

VI. CERTIFICATION OF APPROVAL:

This Application is hereby approved and the above-referenced well is designated a Well Workover Project and the Division hereby verifies the data shows a positive production increase. By copy hereof, the Division notifies the Secretary of the Taxation and Revenue Department of this Approval and certifies that this Well Workover Project was completed on: 6/18/2006

Signature District Supervisor: Tim Gum District 2 Date 6/18/2008

VII. DATE OF NOTIFICATION TO THE SECRETARY OF THE TAXATION AND REVENUE DEPARTMENT: 6/18/2008