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 85378

WELL API NUMBER
30-025-38907

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
LOST TANK 16 STATE

1. Type of Well: O

8. Well Number
004

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 D : 330 feet from the N line and 330 feet from the W line
Section 16 Township 21S Range 32E NMPM Lea County

11. Elevation (Show whether DR, KB, BT, GR, etc.)
3652 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.

11/11/2008 thru 12/19/2008: RUN 5 1/2" CASING 17 #, N-80. CMT 580 SXS. VERSACHEM 0.5% HALAD(R)-344, 0.4% CFR-3, 1 LB SALT, 0.35% HR-800, 3 LBM PHENO-SEAL. EST CMT OUTSIDE OF CASNG 8646'. 12/9/08 PERF CASNG @8625'. CMT 215 SXS ECONOCHEM & HALCEM, 1.33 YLD. 12/13/2008-RUN CBL, TOC@ 5820'. 12/19/2008-CEMENT 150 SXS C NEAT CMT. RUN CBL, TOC-2880'. NO LEAK OFF W/CASING TESTED TO 2000#-30".
CBL TO BE SUBMITTED TO OCD.**10/27/2008** 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
10/29/08	Surf	FreshWater	17.5	13.375	54.5	J-55	0	1335	995	2.03	ECONOCHEM		1200	0	
11/03/08	Int1	Brine	12.25	8.625	32	J-55	0	4250	1215	2.47	ECONOCHEM		1000	0	
11/11/08	Prod	Mud	7.875	5.5	17	N-80	2880	8700	945	2.47	ECONOCHEM		2000	0	

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 Sr. RegulatoryComp. Spec. DATE 1/14/2009
Type or print name Brenda Coffman E-mail address bcoffman@chkenergy.com Telephone No. 817-556-5825

For State Use Only:
APPROVED BY: Paul Kautz TITLE Geologist DATE 1/14/2009 10:46:57 AM