

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 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
August 1, 2011
Permit 149338

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NUMBER 30-015-40126
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator CHESAPEAKE OPERATING, INC.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 18496, Oklahoma City, OK 73154		7. Lease Name or Unit Agreement Name PLU PIERCE CANYON 16 24 30 STATE
4. Well Location Unit Letter <u>O</u> : <u>50</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>16</u> Township <u>24S</u> Range <u>30E</u> NMPM <u>Eddy</u> County		8. Well Number 001H
11. Elevation (Show whether DR., KB, BT, GR, etc.) 3555 GR		9. OGRID Number 147179
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 _____		10. Pool name or Wildcat

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 OF PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ Other: _____		SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTER CASING ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐ CASING/CEMENT JOB ☐ Other: Drilling/Cement ☒
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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.
ON 5/20/12, RAN 19 JTS 13 3/8/ 48# H-40 CSG. SET @ 775'. PUMPED (558 BBLs) OR 1800 SXS OF CMT & GOT BACK 125-BBLs CMT. TEST CHOKE MANIOLD, SINGLE RAM AND DOUBLE RAM 250 PSI LOW AND 5000 PSI HIGH OK. TEST ANNULAR 250 PSI LOW AND 3500 PSI HIGH. TEST IBOP, KELLY VALVES AND BACK TO PUMPS 250 PSI LOW AND 5000 PSI HIGH. OK. FINISH TESTING BOP AND R/D TESTER. TEST CSG TO 1200 PSI AND HOLD FOR 30 MIN. ALL GOOD. ON 5/22/12, BEGIN DRLG TO INTERMEDIATE CASING POINT. 5/20/2012 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
05/20/12	Surf	FreshWater	13.375	11	48	H-40	0	775	1200				1200	0	N

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 Specialist II _____ DATE 5/25/2012
Type or print name Bryan Arrant _____ E-mail address bryan.arrant@chk.com _____ Telephone No. 405-935-3782

For State Use Only:

APPROVED BY: Randy Dade _____ TITLE District Supervisor _____ DATE 5/25/2012 11:30:10 AM