

**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 141008

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <div style="text-align: center;">30-015-39344</div>
1. Type of Well: O		5. Indicate Type of Lease <div style="text-align: center;">S</div>
2. Name of Operator <div style="text-align: center;">CHESAPEAKE OPERATING, INC.</div>		6. State Oil & Gas Lease No.
3. Address of Operator <div style="text-align: center;">P.O. Box 18496, Oklahoma City, OK 73154</div>		7. Lease Name or Unit Agreement Name PLU BIG SINKS 2 25 30 STATE
4. Well Location Unit Letter <u>O</u> : <u>350</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>E</u> line Section <u>2</u> Township <u>25S</u> Range <u>30E</u> NMPM <u>Eddy</u> County		8. Well Number <div style="text-align: center;">001H</div>
11. Elevation (Show whether DR, KB, BT, GR, etc.) <div style="text-align: center;">3353 GR</div>		9. OGRID Number <div style="text-align: center;">147179</div>
10. Pool name or Wildcat <div style="text-align: center;">See Area 13</div>		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 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: **Perforations/Tubing** ☒

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 11/1/11, MIRU completion unit. Filled frac pits. 11/10/11 through 11/18/11 perfed 10 stages: 9400'-13785' (OA) w/6 spf. Fracked w/4,109,257 lbs sand; 3,609,732 gals water; 15,000 gals 10% Hcl acid and 10,000 gals 15% Hcl acid. 11/19/11 through 12/03/11 continue to complete and test well. Well is SI pending construction of surface facilities.

**Perforations**

**Pool: WILDCAT;BONE SPRING, 96403 Location: B -2-25S-30E 100 N 1980 E**

TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
9400	13785	N	6		Sand/Water	Frac	

**Tubing**

**WILDCAT;BONE SPRING, 96403**

Tubing Size	Type	Depth Set	Packer Set
2.875	L-80	8641	8631

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. Regulatory Compliance Specialist DATE 12/7/2011

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 8/22/2012 7:13:41 AM