

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

OIL CONSERVATION DISTRICT
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-22545
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Mobil 21 State
8. Well Number 2
9. OGRID Number 147179
10. Pool name or Wildcat <i>Forehand Ranch; Wolfcamp, SW</i>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3162' GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other ☐

2. Name of Operator Chesapeake Operating, Inc.

3. Address of Operator P.O. Box 18496
Oklahoma City, OK 73154-0496

4. Well Location
Unit Letter K : 1980' feet from the South line and 1980' feet from the West line
Section 21 Township 23S Range 27E NMPM a County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3162' GR

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 PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐ OTHER: ☐

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.

9/08/2008: Well returned to production

Spud Date:

06/10/1978

Rig Release Date:

09/21/1978

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

SIGNATURE

Linda Good

TITLE Sr. Regulatory Compl. Sp.

DATE 09/17/2008

Type or print name Linda Good

E-mail address: linda.good@chk.com

PHONE: (405)767-4275

For State Use Only

APPROVED BY:

Kimberly M. Wilson Compliance Officer 10-1-08

Conditions of Approval (if any):