

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 87003  
 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

**RECEIVED** CONSERVATION DIVISION  
 JUN 30 2009 Santa Fe, NM 87505  
**HOBBSD**

WELL API NO.	30-025-26783 ✓
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	Quail State ✓
8. Well Number	5 ✓
9. OGRID Number	147179 ✓
10. Pool name or Wildcat	Quail <del>SWD</del> ; Queen
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3980' 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 ~~SWD~~

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 L : 1980' feet from the South line and 660' feet from the West line  
 Section 11 Township 19S Range 34E NMPM County Lea ✓

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: Name Change <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Chesapeake Operating, Inc. respectfully request to change the name of this well from the Quail State # 5 to the Quail Queen Unit # 5.  
 R-Order 12952.  
 Name change effective July 1, 2009.

OPER. OGRID NO. 147179  
 PROPERTY NO. 37741  
 POOL CODE 50450  
 EFF. DATE 07-01-09  
 API NO. 30-025-26783

Spud Date:

Rig Release Date:

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

SIGNATURE Bryan Arrant TITLE Senior Regulatory Compl. Sp. DATE 06/29/2009

Type or print name Bryan Arrant E-mail address: bryan.arrant@chk.com PHONE: (405)935-3782

**For State Use Only**

APPROVED BY: [Signature] TITLE PETROLEUM ENGINEER DATE JUL 01 2009  
 Conditions of Approval (if any):