

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 24027

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.)		WELL API NUMBER 30-025-37541
1. Type of Well: ☐		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 731540496		7. Lease Name or Unit Agreement Name LAGOS 22 STATE
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>W</u> line Section <u>22</u> Township <u>14S</u> Range <u>34E</u> NMPM <u>Lea</u> County		8. Well Number 001
11. Elevation (Show whether DR, KB, BT, GR, etc.) 4113 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** ☒

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.
02/07/06 In 17 1/2" hole, ran 10 jts. 13 3/8" 48# H-40 STC csg. set @348'. Cmt'd w/190 sx Cl. C+ 4% gel + 2% CaCl, tail in w/150 sx C + 2% CaCl, plug down did not circ cmt. Notified OCD. WOC 24 hrs. Run temp survey, top cmt 80' from surface. WOC cut off conductor pipe.
02/08/06 Weld on head, test to 500#. NU BOP and related equip. put 8 yds ready mix around csg. test BOP and related equip to 800#, MU bit, PU BHA, TIH, drill cmt, test pipe rams and annular to 800#, drill wiper plug, insert float and 44' cmt, drill and survey.
02/15/06 Ran 103 jts 8 5/8" 32# J-55 LTC csg. set @4550'. Cm

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
02/07/06	Surf	FreshWater	17.5	13.375	48	H40	0	348	340	1.2	Redi mix	80	500	0	
02/15/06	Int1	CutBrine	11	8.625	32	J55	0	4550	1650	2	C	1500		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 Regulatory Analyst DATE 2/21/2006
Type or print name Brenda Coffman E-mail address bcoffman@chkenergy.com Telephone No. 432-685-4310

For State Use Only:

APPROVED BY: Paul Kautz TITLE Geologist DATE 2/21/2006 10:46:02 AM