

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

Form C-103
Permit 51352

Oil Conservation Division

1220 S. St Francis Dr.

Santa Fe, NM 87505

WELL API NUMBER

30-025-38266

5. Indicate Type of Lease

S

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
FORT FAMILY 9 STATE

8. Well Number

001

9. OGRID Number

147179

10. Pool name or Wildcat

See Area 13

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.)

1. Type of Well: O

2. Name of Operator

CHESAPEAKE OPERATING, INC.

3. Address of Operator

P. O. BOX 18496, OKLAHOMA CITY, OK 731540496

4. Well Location

Unit Letter L : 2086 feet from the S line and 766 feet from the W line
Section 9 Township 14S Range 34E NMPM Lea County

11. Elevation (Show whether DR, KB, BT, GR, etc.)

4143 GR.

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 _____

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.

4/12/07. MIRU Cudd, Acidize Pennsylvanian-Permian w/5000 gals 20% Ultra-gel acid, flush w/71 bbls 2% KCL. Swabbing.

Perforations

Pool: SAUNDERS;PERMO UPPER PENN, EAST , 54960 Location: L -9-14S-34E 2086 S 766 W

TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
10488	10514	Y	2		Foam	Acid	3000
10349	10430	Y	2			Acid	2100
10349	10430	Y	2			Acid	5000

Tubing

SAUNDERS;PERMO UPPER PENN, EAST , 54960

Tubing Size	Type	Depth Set	Packer Set
2.875	L-80	10536	10536

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 4/13/2007

Type or print name Brenda Coffman E-mail address bcoffman@chkenergy.com Telephone No. 432-687-2992

For State Use Only:

APPROVED BY: Paul Kautz TITLE Geologist DATE 4/16/2007 7:31:43 AM

Tubing Comments

OGRID: [147179] CHESAPEAKE OPERATING, INC.

Permit Number: 51352

Permit Type: Tubing

Created By	Comment	Comment Date
shay2162	Formation tops will be provided at completion.	4/13/2007