

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 77381

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: ☐ 2. Name of Operator CHESAPEAKE OPERATING, INC. 3. Address of Operator P. O. BOX 18496, OKLAHOMA CITY, OK 731540496 4. Well Location Unit Letter <u>P</u> : <u>400</u> feet from the <u>S</u> line and <u>350</u> feet from the <u>E</u> line Section <u>12</u> Township <u>25S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		WELL API NUMBER 30-015-36223
		5. Indicate Type of Lease S
		6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name HIGH CHICAGO 12 STATE		
8. Well Number 001H		
9. OGRID Number 147179		
10. Pool name or Wildcat		
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3155 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: **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.

6/21/2008

RAN 261 JTS. 5 1/2", 17#, N80, LT&C CSG. 11,659 SET @ 11,651. F/S @ 11,651, F/C @ 11,604. CMT. 5 1/2" CSG W/ 2000 SX. SUPER H, 0.5% HALAD(R) - 344, 0.4 CFR - 3, 0.25 LBM/SK D-AIR 3000, 1 LBM/SK SALT, 0.4% HR-7. 13.2 #, 1.6 YLD., 570 BBL. SLURRY. DISPLACE W/ 269.5 BBL. 2% KCL, BUMPED PLUG W/ 875 PSI., 500 PSI OVER TO 1300 PSI @ 17:00 HRS. FLOATS HELD.

NIPPLE DOWN BOP, SET 5 1/2" CSG. SLIPS., CUT OFF 5 1/2" CSG.

INSTALL PROD. HEAD, TEST 2500 PSI, CLEAN PITS. RIG RELEASED @ 00:00 HRS., 6-22-08.

Calc TOC-2900'. 4/21/2008 Spudded well.

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
04/23/08	Surf	Fresh Water	17.5	13.375	48	H-40	0	680	705	1.34	h		600	0	Y
04/28/08	Int1	Brine	12.25	9.625	40	J-55	0	3410	1415	1.34	C		2500	0	
06/21/08	Prod	Mud	8.75	5.5	17	N80	2900	11651	2000	1.6	Super H		1300	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 Sr. Regulatory Comp. Spec.

DATE 6/25/2008

Type or print name Brenda Coffman

E-mail address bcoffman@chkenergy.com

Telephone No. 817-556-5825

For State Use Only:

APPROVED BY: Tim Gum

TITLE District Supervisor

DATE 6/26/2008 11:21:21 AM