Office Submit I Copy To Appropriate District	State of New Mexico			Form C-103
District I	Energy, Minerals and	Natural Resources	WELL API NO.	October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONCEDUATION DIVISION		30-015-39327 ~	
1301 W. Grand Ave., Artesia, NM 88210 District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Le	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE X . 6. State Oil & Gas Le	→ FEE □
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505	Suitte 1 0, 11		o. State Off & Gas Le	ase No.
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 SUCIL PROPOSALS.)			7. Lease Name or Unit Agreement Name COOKSEY 36 STATE COM	
1. Type of Well: Oil Well X Gas Well Other			8. Well Number 1H ~	
2. Name of Operator Chesapeake Operating, Inc.			9. OGRID Number 147179 ✓	
3. Address of Operator P.O. Box 18496 Oklahoma City, OK 73154			10. Pool name or Wildcat Delaware; Bone Spring	
4. Well Location				
Unit Letter P :	feet from the Sou	ith line and 33	o' feet from the	e East line
Section 36	Township 25S	Range 27E		ountyEddy
	11. Elevation (Show whethe 3082'	r DR, RKB, RT, GR, etc.)	
12. Check A	ppropriate Box to Indica	te Nature of Notice.	Report or Other Dat	a
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB CASING/C				
DOWNHOLE COMMINGLE				
OTHER:			drilling operations	<u> </u>
13. Describe proposed or completed of starting any proposed wor proposed completion or reco	k). SEE RULE 19.15.7.14 N			
	•			
On 9/14/2011 @ 7:39 P.M. drove spudder to location. Remove welded metal cap on conductor and drill 20'.				
Total depth of well is now 40'. Secure metal cap back on conduct	or, and move off.		RECE	IVED
			SEP 1	
				[
			NMOCD A	ARTESIA
Spud Date:	Rig Relea	se Date:		
I hereby certify that the information a	bove is true and complete to	the best of my knowledg	e and belief.	
Ω Λ				
SIGNATURE By And TITLE Sr. Regulatory Compl. Sp. DATE 09/15/2011				
Type or print name Bryan Arrant For State Use Only	E-mail ac	ldress: bryan.arrant@ch	k.com PHONI	E: <u>(405)935-3782</u>
APPROVED BY: Outle Conditions of Approval (if any):	May TITLE !	Field Suppr	DATE_	10-4-11
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